

<p>Form <b>990</b></p> <p>Department of the Treasury</p> <p>Internal Revenue Service</p>	<p><b>Return of Organization Exempt From Income Tax</b></p> <p><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <p>▶ Do not enter social security numbers on this form as it may be made public.</p> <p>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/foi990">www.irs.gov/foi990</a></p>	<p>OMB No 1545-0047</p> <p><b>2015</b></p> <p><b>Open to Public Inspection</b></p>
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<b>A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016</b>			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC		<b>D</b> Employer identification number  62-0646012
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number  (901) 595-3903
	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 381053678		<b>G</b> Gross receipts \$ 1,029,329,830
	<b>F</b> Name and address of principal officer JAMES R DOWNING 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.STJUDE.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1959	<b>M</b> State of legal domicile TN

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities THE MISSION OF ST JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY    		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	44
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	41
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	<b>5</b>	4,549
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	2,964
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	674,808,276	895,523,715
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	105,576,630	114,471,276
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	-528,233	-931,340
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	14,958,853	18,454,213
		794,815,526	1,027,517,864
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	4,441,777	3,804,019
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	395,123,545	426,318,943
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup> . . . . .		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	354,119,545	367,096,278
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	753,684,867	797,219,240
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	41,130,659	230,298,624
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	4,080,012,224	4,292,347,585
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	324,768,253	334,430,658
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	3,755,243,971	3,957,916,927

<b>Part II Signature Block</b>					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge					
<b>Sign Here</b>	<div> <div></div> <div>Signature of officer</div> </div>				<div> <div></div> <div>2017-04-26</div> </div>
	<div> <div></div> <div>PAT KEEL SVP AND CFO</div> </div>				<div> <div></div> <div>Date</div> </div>
<b>Paid Preparer Use Only</b>	<div> <div></div> <div>Print/Type preparer's name</div> <div>FRAN BEDARD</div> </div>		<div> <div></div> <div>Preparer's signature</div> <div>FRAN BEDARD</div> </div>		<div> <div></div> <div>Date</div> </div>
	<div> <div></div> <div>Check <input type="checkbox"/> if self-employed</div> </div>			<div> <div></div> <div>PTIN</div> <div>P00752421</div> </div>	
	<div> <div></div> <div>Firm's name ▶ DELOITTE TAX LLP</div> </div>			<div> <div></div> <div>Firm's EIN ▶ 86-1065772</div> </div>	
<div> <div></div> <div>Firm's address ▶ 1033 DEMONBREUN SUITE 400</div> <div>NASHVILLE, TN 37203</div> </div>			<div> <div></div> <div>Phone no (615) 259-1800</div> </div>		

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☒

**1** Briefly describe the organization's mission

THE MISSION OF ST JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code ) (Expenses \$ 389,040,517 including grants of \$ 3,792,406 ) (Revenue \$ 116,557,100 )
PATIENT CARE THE HOSPITAL PROVIDED 18,298 INPATIENT DAYS OF CARE DURING THE YEAR OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 4,000 OR 22% OF THOSE INPATIENT DAYS PATIENTS MADE 75,825 CLINIC VISITS DURING THE YEAR	

<b>4b</b>	(Code ) (Expenses \$ 357,418,656 including grants of \$ 8,613 ) (Revenue \$ )
RESEARCH THE CURRENT BASIC SCIENCE AND CLINICAL RESEARCH AT THE HOSPITAL INCLUDES WORK IN GENE THERAPY, CHEMOTHERAPY, THE BIOCHEMISTRY OF NORMAL AND CANCEROUS CELLS, RADIATION TREATMENT, BLOOD DISEASES, RESISTANCE TO THERAPY, VIRUSES, HEREDITARY DISEASES, INFLUENZA, PEDIATRIC AIDS AND PHYSIOLOGICAL EFFECTS OF CATASTROPHIC ILLNESSES THE HOSPITAL AWARDS NO GRANTS TO OUTSIDE AGENCIES ALL RESEARCH ACTIVITIES ARE CONDUCTED BY HOSPITAL PERSONNEL	

<b>4c</b>	(Code ) (Expenses \$ 12,334,892 including grants of \$ 3,000 ) (Revenue \$ )
EDUCATION AND TRAINING AS PART OF ITS EDUCATIONAL MISSION, THE HOSPITAL PROVIDES AN INTERNATIONAL OUTREACH PROGRAM THE MISSION OF THE INTERNATIONAL OUTREACH PROGRAM (IOP) IS TO IMPROVE THE SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE THE IOP ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS, IMPLEMENTING NEW APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY, AND GENERATING INTERNATIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN CHILDREN THESE INITIATIVES ARE SPEARHEADED BY ST JUDE EXPERTS WHO WORK CLOSELY WITH HEALTHCARE PROFESSIONALS AT OUR PARTNER SITES	

<b>4d</b>	Other program services (Describe in Schedule O )
(Expenses \$	including grants of \$ ) (Revenue \$ )

<b>4e</b>	<b>Total program service expenses ▶</b> 758,794,065
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

**Part IV** Checklist of Required Schedules (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1,094	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	4,549	
b	At least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 44		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 41		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	Yes	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	Yes	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b> Yes	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b> Yes	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed ▶ TN

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ▶ SHARON HENDRIX 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 (901) 595-3903

Check if Schedule O contains a response or note to any line in this Part VII ☐

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

## Part VII

[illegible]

<b>1b</b>	<b>Sub-Total . . . . .</b>	▶			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▶			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▶	8,563,879	698,661	997,442

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 674

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FLINTCO LLC  2179 HILLSHIRE CIRCLE MEMPHIS, TN 38133	CONSTRUCTION CONTRACTOR	26,024,869
UNIVERSITY OF TENNESSEE HEALTH SCIENCE C  62 SOUTH DUNLAP SUITE 300 MEMPHIS, TN 38163	MEDICAL SERVICES	7,993,462
METHODIST HEALTHCARE MEMPHIS  1265 UNION AVE MEMPHIS, TN 38104	MEDICAL SERVICES	7,383,946
BELZ CONSTRUCTION SERVICES  100 PEABODY PLACE SUITE 1400 MEMPHIS, TN 38103	CONSTRUCTION CONTRACTOR	4,988,078
UT LEBONHEUR PEDIATRIC SPECIALISTS INC  50 N DUNLAP STREET MEMPHIS, TN 38103	MEDICAL SERVICES	4,898,638

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 196

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d	806,726,696			
	e	Government grants (contributions)	1e	75,326,935			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,470,084			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		895,523,715			
Program Service Revenue	2a	PATIENT CARE	Business Code 621110	114,471,276	114,471,276		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		114,471,276			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,530		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real (ii) Personal				
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	424,456 452,640			
		b	Less cost or other basis and sales expenses	378,616 1,433,350			
		c	Gain or (loss)	45,840 -980,710			
		d	Net gain or (loss) . . . . .		-934,870 -980,710		45,840
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
		b	Less direct expenses . . . . .	b			
		c	Net income or (loss) from fundraising events . .				
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
		b	Less direct expenses . . . . .	b			
		c	Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
		b	Less cost of goods sold . . . . .	b			
		c	Net income or (loss) from sales of inventory . .				
Miscellaneous Revenue		Business Code					
11a		PATENT/LICENSING INCOM	900099	11,678,351			11,678,351
b	CAFETERIA/VENDNG	722514	3,709,328			3,709,328	
c	CHGME/CHCA	900099	1,683,327	1,683,327			
d	All other revenue . . . . .		1,383,207	1,383,207			
e	Total. Add lines 11a-11d . . . . .		18,454,213				
12	Total revenue. See Instructions . . . . .		1,027,517,864	116,557,100	0	15,437,049	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,804,019	3,804,019		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	4,445,572	2,489,719	1,955,853	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,764,479	1,329,698	434,781	
7	Other salaries and wages.	329,772,537	308,342,749	21,429,788	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	20,768,597	19,418,980	1,349,617	
9	Other employee benefits.	46,885,469	43,838,685	3,046,784	
10	Payroll taxes.	22,682,289	21,208,313	1,473,976	
11	Fees for services (non-employees):				
a	Management.	25,804,560	24,467,622	1,336,938	
b	Legal.	1,313,922	1,245,848	68,074	
c	Accounting.	280,986	266,428	14,558	
d	Lobbying.	47,939		47,939	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	77,493,473	68,926,362	8,567,111	
12	Advertising and promotion.	895,085	848,711	46,374	
13	Office expenses.	2,642,545	2,600,276	42,269	
14	Information technology.	16,052,365	15,220,690	831,675	
15	Royalties.				
16	Occupancy.	26,318,103	23,502,066	2,816,037	
17	Travel.	10,087,891	9,572,870	515,021	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,488,843	1,148,622	340,221	
20	Interest.	6,312,850	6,303,856	8,994	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	69,525,916	66,282,584	3,243,332	
23	Insurance.	1,497,284	1,095,181	402,103	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	PHARMACEUTICAL SUPPLIES	47,834,479	47,069,348	765,131	0
b	LABORATORY SUPPLIES	39,392,373	38,762,276	630,097	0
c	TELEPHONE	1,354,231	1,184,894	169,337	0
d	ALLOCATION ADJUSTMENTS	0	15,558,483	-15,558,483	0
e	All other expenses	38,753,433	34,305,785	4,447,648	
25	Total functional expenses. Add lines 1 through 24e.	797,219,240	758,794,065	38,425,175	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing . . . . .		672,963	1	26,610	
	2	Savings and temporary cash investments . . . . .		10,576,750	2	207,132,006	
	3	Pledges and grants receivable, net . . . . .		16,106,541	3	18,181,367	
	4	Accounts receivable, net . . . . .		16,785,015	4	21,496,532	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			6		
	7	Notes and loans receivable, net . . . . .			7		
	8	Inventories for sale or use . . . . .		6,915,766	8	7,178,927	
	9	Prepaid expenses and deferred charges . . . . .		15,183,552	9	10,966,158	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	1,345,223,327			
	b	Less: accumulated depreciation . . . . .	10b	745,544,851	558,384,695	10c	599,678,476
	11	Investments—publicly traded securities . . . . .		1,894,745	11	1,822,937	
	12	Investments—other securities. See Part IV, line 11 . . . . .			12		
	13	Investments—program-related. See Part IV, line 11 . . . . .			13		
	14	Intangible assets . . . . .			14		
	15	Other assets. See Part IV, line 11 . . . . .		3,453,492,197	15	3,425,864,572	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		4,080,012,224	16	4,292,347,585		
Liabilities	17	Accounts payable and accrued expenses . . . . .		101,181,607	17	109,714,635	
	18	Grants payable . . . . .			18		
	19	Deferred revenue . . . . .		8,912,438	19	10,792,331	
	20	Tax-exempt bond liabilities . . . . .		211,881,404	20	211,247,710	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			22		
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			23		
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		2,792,804	25	2,675,982	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		324,768,253	26	334,430,658	
	Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
27		Unrestricted net assets . . . . .		2,814,919,510	27	3,019,955,372	
28		Temporarily restricted net assets . . . . .		66,439,327	28	64,904,956	
29		Permanently restricted net assets . . . . .		873,885,134	29	873,056,599	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>							
30		Capital stock or trust principal, or current funds . . . . .			30		
31		Paid-in or capital surplus, or land, building or equipment fund . . . . .			31		
32		Retained earnings, endowment, accumulated income, or other funds . . . . .			32		
33		<b>Total net assets or fund balances . . . . .</b>		3,755,243,971	33	3,957,916,927	
34		<b>Total liabilities and net assets/fund balances . . . . .</b>		4,080,012,224	34	4,292,347,585	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,027,517,864
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	797,219,240
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	230,298,624
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,755,243,971
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-68,222
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-27,557,446
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,957,916,927

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL  
INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOYCE ABOUSSIE ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
SALEM ABRAHAM ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
SUSAN MACK AGUILLARD MD ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
MAHIR AWDEH MD ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
JOSEPH S AYOUB JR ESQ ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
PAUL J AYOUB ESQ ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
FREDERICK M AZAR MD ..... VOTING DIRECTOR	8 00 .....	X						0	0	0
JAMES B BARKATE ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
JOSE BARRA ..... VOTING DIRECTOR	8 00 .....	X						0	0	0
MARTHA PERINE BEARD ..... VOTING DIRECTOR	4 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERYL BOURISK ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
ROBERT A BREIT MD ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
TERRY BURMAN ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
ANN M DANNER ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
FRED P GATTAS JR ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
FRED P GATTAS III PHARMD ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
RUTH GAVIRIA ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
CHRISTOPHER GEORGE MD ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
JUDY HABIB ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
GABRIEL GABY HADDAD MD ..... VOTING DIRECTOR	4 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL K HAJAR ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
CHUCK HAJJAR ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
FOUAD HAJJAR MD ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
FRED R HARRIS ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
BRUCE B HOPKINS ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
DAVID KARAM ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
MICHAEL D MCCOY ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
ROBERT T MOLINET ESQ ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
JAMES NAIFEH JR ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
RAMZI NUWAYHID ..... VOTING DIRECTOR	4 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS PENN III ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
CAMILLE F SARROUF JR ESQ ..... VOTING DIRECTOR	8 00 .....	X						0	0	0
JOSEPH C SHAKER ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
JOSEPH G SHAKER ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
GEORGE A SIMON II ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
MICHAEL SIMON ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
PAUL J SIMON ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
TERRE THOMAS ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
TONY THOMAS ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
RICHARD M UNES ..... VOTING DIRECTOR	4 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL H WEIN ESQ ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
THOMAS WERTZ ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
TAMA ZAYDON ..... VOTING DIRECTOR	4 00 .....	X						0	0	0
RICHARD SHADYAC JR ..... EX-OFFICIO DIRECTOR	1 00 ..... 55 00	X						0	698,661	75,431
JAMES R DOWNING ..... PRESIDENT AND CEO	55 00 .....	X		X				996,444	0	136,555
LARRY KUN ..... EVP/CLINICAL DIRECTOR	1 00 ..... 55 00			X				872,440	0	49,055
RICHARD GILBERTSON ..... EVP/DIRECTOR CANCER CENTER	0 00 ..... 55 00			X				427,384	0	173,955
MARY ANNA QUINN ..... EVP/CHIEF ADMIN OFFICER	0 00 ..... 55 00			X				418,366	0	78,315
CHARLES M ROBERTS ..... EVP/DIRECTOR CANCER CENTER	0 00 ..... 55 00			X				406,284	0	5,034
CARLOS RODRIGUEZ-GALINDO ..... EVP/CHAIR	0 00 ..... 55 00			X				209,424	0	847

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAT KEEL ..... SVP/CFO (BEGAN 2/1/16)	55 00 ..... 0 00			X				0	0	0
ANDREW DAVIDOFF ..... CHAIR	55 00 ..... 0 00					X		665,204	0	110,560
THOMAS E MERCHANT ..... CHAIR	55 00 ..... 0 00					X		680,465	0	119,073
JAMES I MORGAN ..... CHAIR	55 00 ..... 0 00					X		699,527	0	49,055
CHING-HON PUI ..... CHAIR	55 00 ..... 0 00					X		691,608	0	36,676
LESLIE L ROBISON ..... CHAIR	55 00 ..... 0 00					X		758,063	0	46,555
MICHAEL C CANARIOS ..... FORMER SVP/CHIEF FINANCIAL OFFICER	0 00 ..... 0 00						X	488,562	0	37,123
WILLIAM E EVANS ..... FACULTY/FORMER PRES & CEO	55 00 ..... 0 00						X	1,250,108	0	79,208

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
ST JUDE CHILDREN'S RESEARCH HOSPITAL  
INC

Employer identification number  
62-0646012

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is (For lines 1 through 11, check only one box )
- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . .
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	537,180,258	581,788,213	611,432,510	674,808,276	895,523,715	3,300,732,972
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	537,180,258	581,788,213	611,432,510	674,808,276	895,523,715	3,300,732,972
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						3,300,732,972

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	537,180,258	581,788,213	611,432,510	674,808,276	895,523,715	3,300,732,972
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			13,967	11,453	3,530	28,950
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,517,144	10,303,717	33,097,275	14,958,853	18,454,213	84,331,202
11 Total support. Add lines 7 through 10						3,385,093,124

12 Gross receipts from related activities, etc. (see instructions) **12** 517,020,154

13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.510 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	97.490 %

- 16a **33 1/3% support test—2015.**If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒
- b **33 1/3% support test—2014.**If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- 17a **10%-facts-and-circumstances test—2015.**If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ☐
- b **10%-facts-and-circumstances test—2014.**If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ☐
- 18 **Private foundation.**If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference	Explanation
PART II, SECTION B, LINE 10	EXPLANATION FOR OTHER INCOME 2011 \$ 2,873,022 - PATENT/LICENSING INCOME \$ 2,551,868 - CAFETERIA/VENDING \$ 1,267,080 - CHGME/CHCA \$ 825,174 - OTHER REVENUE \$ 7,517,144 - TOTAL OTHER INCOME 2012 \$ 3,291,661 - PATENT/LICENSING INCOME \$ 3,119,452 - CAFETERIA/VENDING \$ 1,112,814 - CHGME/CHCA \$ 2,779,790 - OTHER REVENUE \$ 10,303,717 - TOTAL OTHER INCOME 2013 \$ 24,399,968 - PATENT/LICENSING INCOME \$ 3,314,275 - CAFETERIA/VENDING \$ 1,955,292 - CHGME/CHCA \$ 3,427,740 - OTHER REVENUE \$ 33,097,275 - TOTAL OTHER INCOME 2014 \$ 7,568,375 - PATENT/LICENSING INCOME \$ 3,534,638 - CAFETERIA/VENDING \$ 1,454,365 - CHGME/CHCA \$ 2,401,475 - OTHER REVENUE \$ 14,958,853 - TOTAL OTHER INCOME 2015 \$ 11,678,351 - PATENT/LICENSING INCOME \$ 3,709,328 - CAFETERIA/VENDING \$ 1,683,327 - CHGME/CHCA \$ 1,383,207 - OTHER REVENUE \$ 18,454,213 - TOTAL OTHER INCOME

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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2015

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC	Employer identification number 62-0646012
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B**

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		No	
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		18,625
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		29,314
<b>j</b>	Total. Add lines 1c through 1i.			47,939
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A**

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	Yes	No
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>		
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>		

**Part III-B**

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV**

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	LINE 1B) ST JUDE EMPLOYS A DIRECTOR OF GOVERNMENT AFFAIRS, LINE 1G) PRORATED SALARY OF DIRECTOR OF GOVERNMENT AFFAIRS PLUS TRAVEL EXPENSES, LINE 1I) AMOUNT LISTED IS RELATED TO PRORATED RETAINER FEES FOR DIRECT AND STATE LEGISLATIVE CONTACTS AS WELL AS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC	Employer identification number 62-0646012
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of open space</div></div> <div><input type="checkbox"/> Preservation of an historically important land area</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div>
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
4	Number of states where property subject to conservation easement is located ►
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenue included on Form 990, Part VIII, line 1 ► \$
(ii)	Assets included in Form 990, Part X ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a	Revenue included on Form 990, Part VIII, line 1 ► \$
b	Assets included in Form 990, Part X ► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	873,885,134	915,104,075	843,843,273	782,714,653	788,633,390
b Contributions . . . . .	2,341,719	2,970,640	1,097,137	705,311	3,859,109
c Net investment earnings, gains, and losses	-72,118	8,222,632	121,617,552	69,209,599	-8,877,846
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	3,098,136	52,412,213	51,453,887	8,786,290	900,000
f Administrative expenses . . . . .					
g End of year balance . . . . .	873,056,599	873,885,134	915,104,075	843,843,273	782,714,653

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

Yes

No

3a(ii)

Yes

3b

Yes

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

☐

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land . . . . .				
b Buildings . . . . .		953,278,196	467,324,857	485,953,339
c Leasehold improvements . . . . .				
d Equipment . . . . .		382,946,801	273,154,388	109,792,413
e Other . . . . .		8,998,330	5,065,606	3,932,724
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶				599,678,476

Schedule D (Form 990) 2015



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	195,528,406
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	-68,222
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	-25,194,540
e	Add lines 2a through 2d . . . . .	2e	-25,262,762
3	Subtract line 2e from line 1 . . . . .	3	220,791,168
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	806,726,696
c	Add lines 4a and 4b . . . . .	4c	806,726,696
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .	5	1,027,517,864

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	797,219,240
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	797,219,240
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18 ) . . . . .	5	797,219,240

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC , A RELATED ORGANIZATION, AND ARE USED TO SUPPORT THE FUTURE NEEDS OF ST JUDE

**Part XIII**    **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS - ALSAC -25,194,540
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONTRIBUTION - SUPPORT RECEIVED FROM ALSAC 806,726,696

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ST JUDE CHILDREN'S RESEARCH HOSPITAL  
INC

Employer identification number  
62-0646012

Part I

General Information on Activities Outside the United States.  
Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			4,866,700
b Total from continuation sheets to Part I	0	0			5,696,994
c Totals (add lines 3a and 3b)	0	0			10,563,694

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

**Part V**   **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 3	EXPENDITURES ARE RECORDED ON AN ACCRUAL BASIS   PAYMENTS ARE ISSUED BASED ON CONTRACTUAL OB LIGATIONS UPON RECEIPT OF SUPPORTING DOCUMENTATION

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 62-0646012  
**Name:** ST JUDE CHILDREN'S RESEARCH HOSPITAL  
INC

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION & TRAINING	998,097
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION & TRAINING	390,395
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION & TRAINING	124,222

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATION & TRAINING	2,438,868
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION & TRAINING	285,023
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	EDUCATION & TRAINING	6,444

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION & TRAINING	602,836
SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATION & TRAINING	20,815
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH	53,301

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH	3,544,237
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	RESEARCH	995,278
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RESEARCH	1,010,109

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	94,069

SCHEDULE H  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
ST JUDE CHILDREN'S RESEARCH HOSPITAL INC	62-0646012

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a		No
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b		No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			66,526,669	595,253	65,931,416	8 270 %
b Medicaid (from Worksheet 3, column a)			123,011,069	32,867,998	90,143,071	11 310 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			7,636,432	1,798,636	5,837,796	0 730 %
Total Financial Assistance and Means-Tested Government Programs			197,174,170	35,261,887	161,912,283	20 310 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			15,643,932	2,204	15,641,728	1 960 %
f Health professions education (from Worksheet 5)			8,269,896	359,639	7,910,257	0 990 %
g Subsidized health services (from Worksheet 6)			29,450,365		29,450,365	3 690 %
h Research (from Worksheet 7)			324,334,380	84,851,953	239,482,427	30 040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,556,991		4,556,991	0 570 %
j Total. Other Benefits			382,255,564	85,213,796	297,041,768	37 250 %
k Total. Add lines 7d and 7j			579,429,734	120,475,683	458,954,051	57 560 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development		79,386		79,386	0.010 %
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy		6,427		6,427	0 %
8	Workforce development		18,213		18,213	0 %
9	Other					
10	Total		104,026		104,026	0.010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

1,629,008

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

0

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

920,608

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-920,608

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐

Cost accounting system

☒

Cost to charge ratio

☐

Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

**1**

See Additional Data Table

Schedule H (Form 990) 2015

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 ..... If "Yes," indicate what the CHNA report describes (check all that apply) <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility <b>b</b> <input checked="" type="checkbox"/> Demographics of the community <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community <b>d</b> <input checked="" type="checkbox"/> How data was obtained <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests <b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs <b>j</b> <input type="checkbox"/> Other (describe in Section C) <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> <b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	<b>3</b>	Yes
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	<b>6a</b>	No
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	<b>6b</b>	No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? ..... If "Yes," indicate how the CHNA report was made widely available (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.STJUDE.ORG/CHNA</u> <b>b</b> <input type="checkbox"/> Other website (list url) _____ <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility <b>d</b> <input type="checkbox"/> Other (describe in Section C) <b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	<b>7</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>	<b>8</b>	Yes
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? ..... <b>a</b> If "Yes" (list url) <u>WWW.STJUDE.ORG/IMPLEMENTATIONPLAN</u> <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10</b>	Yes
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed <b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? ..... <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? ..... <b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	<b>10b</b>	No
		<b>12a</b>	No
		<b>12b</b>	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP <div>a <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input type="checkbox"/> Asset level d <input type="checkbox"/> Medical indigency e <input type="checkbox"/> Insurance status f <input type="checkbox"/> Underinsurance discount g <input type="checkbox"/> Residency h <input checked="" type="checkbox"/> Other (describe in Section C)</div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) <div>a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input checked="" type="checkbox"/> Other (describe in Section C)</div>	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) <div>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input type="checkbox"/> Other (describe in Section C)</div>	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <div>a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</div>			

Part V

Facility Information (continued)

ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	24		No

**Part V**   **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

**Part V**   **Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Part VI Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	NO FAMILY EVER PAYS ST JUDE FOR TREATMENT WE DO NOT NEED TO DETERMINE ELIGIBILITY FOR THIS ASSISTANCE BY DEFAULT, ALL PATIENTS ARE ELIGIBLE TO RECEIVE MEDICAL CARE AND SUPPORT SERVICES AT NO COST ALL PATIENTS ACCEPTED FOR ST JUDE TREATMENT RECEIVE CARE WHETHER OR NOT THEY OR THEIR FAMILIES CAN PAY FOR IT ST JUDE DOES HAVE A BILLING SYSTEM, BUT PATIENTS DO NOT RECEIVE BILLS IF THE PATIENT HAS INSURANCE, ST JUDE BILLS THE INSURANCE PLAN OR OTHER ORGANIZATION THAT PAYS HEALTH COSTS BILLING INSURANCE FOR THE COSTS THAT WOULD BE DUE AT ANY OTHER HOSPITAL ALLOWS ST JUDE TO CONTINUE DOING SOME OF THE MOST ADVANCED RESEARCH IN THE WORLD IT ALSO ALLOWS ST JUDE TO PAY FOR TREATMENTS, COPAYMENTS, DEDUCTIBLES, COINSURANCE, AND ANY OTHER COSTS INSURANCE DOES NOT COVER TO ENSURE FAMILIES ARE MAKING USE OF ALL RESOURCES FOR WHICH THEY ARE ELIGIBLE, WE HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS AND SOCIAL SECURITY DOING SO ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT OUTSIDE OF ST JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS WE ALSO CONTRACT WITH A VENDOR TO PROVIDE CERTIFIED APPLICATION COUNSELOR SERVICES TO ASSIST FAMILIES APPLYING FOR HEALTH INSURANCE COVERAGE THROUGH FEDERAL OR STATE FACILITATED MARKETPLACE

Form and Line Reference	Explanation
PART 1, LINE 7	COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES COST-TO-CHARGE RATIO USED FOR LINE 7A FINANCIAL ASSISTANCE AT COST, LINE 7B MEDICAID, AND LINE 7C COSTS OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS SOME CHIPS VOLUME IS INCLUDED IN MEDICAID IN PART 1, LINE 7B BECAUSE IN MANY STATES THE CHIPS PROGRAMS ARE MANAGED BY THE SAME THIRD PARTY ADMINISTRATORS AND IT IS DIFFICULT TO DISTINGUISH BETWEEN CHIPS AND MEDICAID COVERAGE

Form and Line Reference	Explanation
PART I, LINE 7G	ST JUDE CHILDREN'S RESEARCH HOSPITAL INCLUDED AS SUBSIDIZED HEALTH SERVICES SUPPORT FOR EIGHT AFFILIATE CLINICS TOTALING APPROXIMATELY \$6.4 MILLION

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>THE ST JUDE CHILDREN'S RESEARCH HOSPITAL CEO IS A MEMBER OF MEMPHIS TOMORROW MEMPHIS TOMORROW IS AN ASSOCIATION OF CHIEF EXECUTIVE OFFICERS OF MEMPHIS' LARGEST ENTERPRISES THE PURPOSE IS TO BRING TOP BUSINESS LEADERS TOGETHER WITH GOVERNMENT AND CIVIC LEADERS TO FOSTER ECONOMIC PROSPERITY FOR ALL WHO LIVE IN OUR COMMUNITY THEIR INITIATIVES ARE FOCUSED IN THOSE AREAS WHICH DIRECTLY IMPACT ECONOMIC GROWTH AND OPPORTUNITY, INCLUDING HUMAN CAPITAL DEVELOPMENT, INDUSTRY DEVELOPMENT, AND PUBLIC SAFETY ST JUDE ALSO PARTICIPATES WITH MEMPHIS FAST FORWARD WHOSE STRATEGIES ARE BASED ON THE COMMON SENSE PREMISE THAT ECONOMIC GROWTH AND PROSPERITY, AND IMPROVED QUALITY OF LIFE, WILL FOLLOW ONCE MEMPHIS AND SHELBY COUNTY SUCCESSFULLY ADDRESS THE BASICS GOOD JOBS, QUALITY EDUCATION, SAFE STREETS AND EFFICIENT GOVERNMENT ST JUDE IS A MEMBER OF THE MIDSOUTH HEALTH ALLIANCE (MSEHA), A NON-PROFIT INITIATIVE TO IMPROVE THE QUALITY, SAFETY, AND EFFICIENCY OF HEALTH CARE IN THE MID-SOUTH REGION BY PROVIDING FOR THE ELECTRONIC EXCHANGE OF HEALTH INFORMATION, HEALTHCARE PROVIDERS CAN SECURELY ACCESS PATIENTS' VITAL HEALTH INFORMATION WHEN AND WHERE IT IS NEEDED THE MSEHA CURRENTLY EXCHANGES DATA AMONG 14 HOSPITALS AND 12 AMBULATORY CLINICS IN THE REGION THE MSEHA IS CURRENTLY SHARING MEDICAL INFORMATION BETWEEN HOSPITAL EMERGENCY DEPARTMENTS AND AMBULATORY CLINICS TO PROVIDE BETTER TREATMENT AND DIAGNOSTIC SERVICES FOR PATIENTS HEALTH CARE PROVIDERS CAN MAKE BETTER CHOICES ABOUT A PATIENT'S CARE AND TREATMENT WHEN THEY HAVE AS MUCH INFORMATION AS POSSIBLE ABOUT THAT PATIENT'S HEALTH FROM LAB TESTS, MEDICAL HISTORY, MEDICINES, AND OTHER REPORTS THE ALLIANCE PERMITS PROVIDERS TO REVIEW MEDICAL INFORMATION IN A SYSTEM THAT IS FASTER THAN CONTACTING A PATIENT'S OTHER PROVIDERS ONE BY ONE THE ALLIANCE SHARES INFORMATION ABOUT A PATIENT'S MEDICAL CONDITION WITH HEALTH CARE PROVIDERS INVOLVED IN THAT PATIENT'S CARE FOR COORDINATION OF CARE ST JUDE IS A MEMBER OF THE ASPIRING FOR PURCHASING EXCELLENCE (APEX) ASSOCIATION OF MEMPHIS APEX IS AN ASSOCIATION OF PURCHASING AND PROCUREMENT PROFESSIONALS FROM MEMPHIS ORGANIZATIONS WHOSE PURPOSE IS TO PROMOTE BEST PRACTICES IN SUPPLIER DIVERSITY ADDITIONALLY, ST JUDE IS SILVER SPONSOR FOR THE MID-SOUTH MINORITY BUSINESS COUNCIL (MMBC) ECONOMIC DEVELOPMENT FAIR THE MMBC SERVES AS THE MID-SOUTH'S FOREMOST MINORITY BUSINESS DEVELOPMENT ORGANIZATION THE MMBC HELPS TO DEVELOP A STRONG MINORITY AND WOMEN BUSINESS COMMUNITY IN AN EFFORT TO IMPACT ECONOMICALLY THE ENTIRE MID-SOUTH REGION THE ST JUDE OFFICE OF GOVERNMENT AFFAIRS DIRECTOR CONTINUES TO SERVE ON THE BOARD OF DIRECTORS OF THE RIVERFRONT DEVELOPMENT CORPORATION (RDC) IN ADDITION TO MANAGING ALL THE PARKS ON THE MEMPHIS RIVERFRONT WHICH FOSTER HEALTHY LIFESTYLES, THE RDC HAS CONSTRUCTED A PLAYGROUND DESIGNED SPECIFICALLY FOR CHILDREN AT BEALE ST LANDING THIS IS THE ONLY CHILD-DESIGNATED PLAYGROUND ON THE MEMPHIS RIVERFRONT AND FOSTERS EXERCISE FOR CHILDREN LIVING DOWNTOWN THE PEDIATRIC ONCOLOGY EDUCATION PROGRAM BRINGS FIFTY TO SIXTY STUDENTS EACH SUMMER FOR INTERNSHIPS IN BASIC SCIENCE OR CLINICAL RESEARCH ADDITIONALLY, EXPERIENTIAL LEARNING INTERNSHIPS ARE STRUCTURED BY AND MANAGED BY ACADEMIC PROGRAMS IN MANY AREAS FROM SCIENCE TO ACCOUNTING THERE ARE ANOTHER 150 STUDENTS INVOLVED IN THESE INTERNSHIPS THESE PROGRAMS SUPPORT INCREASING THE AWARENESS OF CAREERS IN RESEARCH SCIENCE, HEALTHCARE, OR HEALTHCARE MANAGEMENT AND CONTRIBUTE TO PREPARING STUDENTS TO ENTER THESE CAREERS THE CLINICAL EDUCATION AND TRAINING OFFICE HOSTS THIRTY TO FORTY STUDENTS ANNUALLY AS PATIENT CARE OBSERVERS THESE STUDENTS ARE AT DIFFERENT STAGES OF TRAINING FROM UNDERGRADUATE COLLEGE OR PROFESSIONAL HEALTHCARE SCHOOLS INCLUDING MEDICAL SCHOOLS THE OBSERVERS ARE DECIDING ON OR CONFIRMING CAREER HEALTHCARE DECISIONS THE VOLUNTEER SERVICES DEPARTMENT PROVIDES SUMMER PROGRAMS FOR HIGH SCHOOL AND COLLEGE STUDENTS THAT DRIVE ENTRY INTO HEALTH CAREERS THE OFFICE OF LEGAL SERVICES OFFERS LEGAL INTERNSHIPS TO LOCAL (UNIVERSITY OF MEMPHIS, OLE MISS) LAW STUDENTS DURING THE ACADEMIC YEAR AND TO NATIONAL LAW SCHOOLS DURING THE SUMMER INTERNS PERFORM LEGAL RESEARCH, DRAFT MEMORANDA, LETTERS, AND OTHER DOCUMENTS, DRAFT AND REVIEW CONTRACTUAL AGREEMENTS, PREPARE PRESENTATIONS TO ST JUDE PERSONNEL, AND ASSIST WITH IDENTIFYING LEGAL FRAMEWORK FOR POLICIES INTERNS ALSO LEARN THROUGH OBSERVATION OF AND PARTICIPATION IN DAY-TO-DAY LAW PRACTICE ACTIVITIES, INCLUDING LEGAL PROCEEDINGS, NEGOTIATIONS, MEETINGS, TRAININGS, AND COUNSELING SESSIONS WHEN POSSIBLE, INTERNS WORK WITH CLIENT DEPARTMENTS AND DEPARTMENTAL STAFF TO GATHER INFORMATION AND TO GAIN INSIGHT INTO AND UNDERSTANDING OF RESEARCH, CLINICAL, BUSINESS, AND HEALTH CARE OPERATIONS THE CHIEF LEGAL OFFICER PARTICIPATES ON COMMITTEES OF THE MEMPHIS CHILD ADVOCACY CENTER, WHICH HELPS LOCAL CHILDREN FIND SAFETY AND HEALING (INCLUDING ACCESS TO A MENTAL HEALTH PROFESSIONAL) AFTER A REPORT OF SEXU</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>AL OR OTHER SEVERE ABUSE, AND OFFERS ABUSE PREVENTION TRAINING TO COMMUNITY VOLUNTEERS AND PARENTS THE CHIEF LEGAL OFFICER SERVES ON THE ADVISORY BOARD OF THE INSTITUTE FOR HEALTH LAW &amp; POLICY OF THE CECIL C HUMPHREYS UNIVERSITY OF MEMPHIS SCHOOL OF LAW, WHICH ENDEAVOR S TO ADDRESS UNMET HEALTH LAW NEEDS OF THE LOCAL COMMUNITY AND WORK WITH COMMUNITY LEADERS TO PROACTIVELY ADDRESS HEALTH POLICY NEEDS THE SENIOR ASSOCIATE COUNSEL IS CHAIR OF THE M EMPHIS BAR ASSOCIATION HEALTH LAW SECTION, AND THE CHIEF LEGAL OFFICER CHAIRS THE COMMUNIT Y AFFAIRS COMMITTEE OF THAT SECTION, WHICH ANNUALLY SPONSORS A SATURDAY LEGAL CLINIC PROVI DING UNREPRESENTED MEMBERS OF THE COMMUNITY AN OPPORTUNITY TO MEET WITH A VOLUNTEER ATTORN EY AND DISCUSS LEGAL ISSUES, INCLUDING THOSE THAT HAVE AN IMPACT ON PERSONAL HEALTH, SUCH AS SOCIAL SECURITY DISABILITY AND HEALTH EXCHANGE ELIGIBILITY THE COMMUNITY AFFAIRS COMMI TTEE ALSO CONTRIBUTES TO THE MEMPHIS CHILDREN'S HEALTH LAW DIRECTIVE, THE ONLY MEDICO-LEGA L PARTNERSHIP SERVING THE MID-SOUTH THE CANCER EDUCATION COORDINATOR IN INTERNATIONAL OUTR EACH PARTICIPATES IN THE FOOD ADVISORY COUNCIL OF MEMPHIS THIS AGENCY FOCUSES ON LOCAL FO OD POLICIES TO BUILD HEALTHIER COMMUNITIES IN THE MEMPHIS AREA ST JUDE IS ALSO INVOLVED IN THE CHRISTIAN BROTHERS HIGH SCHOOL STEMM COLAB, WHICH PROVIDES TEACHERS PROFESSIONAL DE VELOPMENT IN THE AREAS OF SCIENCE, TECHNOLOGY, ENGINEERING, MATH, AND MEDICINE IN THE MEMP HIS AREA</p>

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT EXPENSE IS EQUAL TO CHARGES ON ACCOUNTS DETERMINED TO BE UNCOLLECTIBLE SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

Form and Line Reference	Explanation
PART III, LINE 4	BAD DEBT EXPENSE EXPLANATION IN FINANCIAL STATEMENTS FOOTNOTES IS AS FOLLOWS NET PATIENT SERVICE REVENUES AND RECEIVABLES NO FAMILY EVER PAYS THE HOSPITAL FOR THE CARE THEIR CHILD RECEIVES ACCORDINGLY, NET PATIENT SERVICE REVENUE CONSISTS ONLY OF ESTIMATED NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYORS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE REVENUE ADJUSTMENTS (IF NECESSARY) DUE TO FUTURE AUDITS, REVIEWS, AND INVESTIGATIONS RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED, AND SUCH AMOUNTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS, AND INVESTIGATIONS PATIENT SERVICE REVENUE HAS BEEN REDUCED BY ADJUSTMENTS FOR UNCOLLECTIBLE ACCOUNTS TOTALING APPROXIMATELY \$1,629,000 AND \$831,000 IN 2016 AND 2015, RESPECTIVELY ST JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER BED DEBT EXPENSE A COMMUNITY BENEFIT

Form and Line Reference	Explanation
PART III, LINE 8	ST JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER THE MEDICARE SHORTFALL A COMMUNITY BENEFIT THE COST TO CHARGE RATIO WAS USED TO DETERMINE MEDICARE ALLOWABLE COSTS OF CARE

Form and Line Reference	Explanation
PART III, LINE 9B	<p>ALL PATIENTS ACCEPTED FOR ST JUDE TREATMENT RECEIVE CARE WHETHER OR NOT THEY OR THEIR FAMILIES CAN PAY FOR IT ST JUDE DOES HAVE A BILLING SYSTEM, BUT PATIENTS DO NOT RECEIVE BILLS IF THE PATIENT HAS INSURANCE, ST JUDE BILLS THE INSURANCE PLAN OR OTHER ORGANIZATION THAT PAYS HEALTH COSTS THIS IS SET FORTH IN OUR FINANCIAL ASSISTANCE STATEMENT (<a href="https://www.stjude.org/legal/financial-assistance-statement.html">HTTPS //WWW STJUDE ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT HTML</a>) AND FINANCIAL ASSISTANCE POLICY (<a href="https://www.stjude.org/legal/financial-assistance-policy.html">HTTPS //WWW STJUDE ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY HTML</a>)</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>ST JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING, RESEARCH-DRIVEN TREATMENTS FOR CHILDHOOD CANCERS AND OTHER CATASTROPHIC DISEASES IN CHILDREN. CANCER IN CHILDHOOD CANCERS ARE RARE. ONLY 10,380 NEW CASES ARE EXPECTED TO OCCUR AMONG CHILDREN 14 YEARS OF AGE AND YOUNGER IN 2016, HOWEVER, CANCER IS THE LEADING CAUSE OF DISEASE-RELATED DEATH IN U.S. CHILDREN (FOOTNOTE 1). THE PRINCIPLE FOCUS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS CANCER. SEVENTY-FIVE PERCENT OF ALL RESOURCES AT ST. JUDE ARE INVESTED IN ELUCIDATING BASIC BIOLOGICAL MECHANISMS OF PEDIATRIC CANCERS, AND TRANSLATING THIS KNOWLEDGE INTO IMPROVED DIAGNOSTIC TOOLS AND CURATIVE THERAPIES, WHILE MINIMIZING LONG-TERM SIDE EFFECTS. SEVENTY PERCENT OF OUR CANCER PATIENTS ARE FROM A 10-STATE REGION. THIS INCLUDES THE IMMEDIATE VICINITY STATES OF TN, MS, AR, MO, AL, KY, GA, FL AND STATES WITH ST. JUDE AFFILIATE CLINICS (LA, IL, MO, AL, EASTERN TN). THE DISTRIBUTION OF ST. JUDE CANCER CASES IN RELATION TO RACE, ETHNICITY, AND GENDER IS CONSISTENTLY ALIGNED WITH THE GENERAL DEMOGRAPHICS OF THE 10-STATE REGION (BASED ON 2010 DATA FROM THE U.S. CENSUS BUREAU) AND WITH THE CANCER-SPECIFIC DEMOGRAPHICS (BASED ON SURVEILLANCE EPIDEMIOLOGY AND END RESULTS (SEER) 2009 DATA). FOR EXAMPLE, ESTIMATES FROM THE 2009 SEER DATA SUGGEST THAT WHITES COMPRISE 63%, BLACKS 18.8% AND HISPANICS 15.9% OF THE PEDIATRIC CANCER CASES IN THE 10-STATE REGION. IN COMPARISON, 73%, 17%, AND 12%, RESPECTIVELY, OF WHITES, BLACKS AND HISPANICS CONSTITUTE OUR CANCER PATIENT POPULATION (FOOTNOTE 2). (NOT EQUAL TO 100% SINCE SUMMARIZES RACE AND ETHNICITY). DEMOGRAPHICS FROM THE ST. JUDE PEDIATRIC CANCER COHORT ARE COMPARED WITH THE DEMOGRAPHICS OF THE 10-STATE REGION ANNUALLY TO MONITOR DEMOGRAPHIC REPRESENTATION OF OUR CANCER PATIENTS IN RELATION TO THE 10-STATE REGION. ALSO MONITORED ANNUALLY IS THE DISTRIBUTION OF SPECIFIC CANCERS IN THE 10-STATE REGION AND COMPARED WITH THE ST. JUDE CANCER POPULATION. OUR RESEARCH AND CLINICAL TRIALS ARE INFORMED BY THE CHILDREN TREATED AT ST. JUDE AND OUR AFFILIATE CLINICS. ST. JUDE OFFERS THERAPEUTIC TRIALS FOR A VARIETY OF CANCERS INCLUDING CENTRAL NERVOUS SYSTEM (CNS) TUMORS, NON-CNS SOLID TUMORS, AND LEUKEMIA/LYMPHOMA. MANY OF THESE TRIALS ARE INSTITUTIONALLY SPONSORED, HOWEVER, ST. JUDE ALSO PARTICIPATES IN A NUMBER OF CLINICAL TRIALS CONSORTIA PROVIDING OUR CANCER PATIENTS ACCESS TO A VARIETY OF THERAPEUTIC STUDIES. PEDIATRIC CANCER PATIENTS MAY EXPERIENCE TREATMENT-RELATED SIDE EFFECTS MANY YEARS AFTER DIAGNOSIS. THE CHILDHOOD CANCER SURVIVOR STUDY AND ST. JUDE LIFE ARE TWO STUDIES, ACTIVE AT ST. JUDE, ASSESSING LATE EFFECTS OF CANCER THERAPY ON PEDIATRIC CANCER SURVIVORS. INFORMATION FROM THESE STUDIES WILL BE USED TO DEFINE RISK GROUPS FOR VARIOUS LATE EFFECTS AND ASSESS INTERVENTIONS. THE RARITY OF PEDIATRIC CANCERS AND OUR UNIQUE POSITION AS A NATIONAL RESOURCE FOR THE RESEARCH AND TREATMENT OF CANCER MEANS THAT OUR REACH IS EXTENSIVE, INCLUDING LOCAL, REGIONAL, NATIONAL, AND INTERNATIONAL LEVELS. MANY OF OUR INITIATIVES ARE DESIGNED TO IMPACT PEDIATRIC CANCER TREATMENT ON A GLOBAL SCALE. THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN), A NOT-FOR-PROFIT ALLIANCE OF 27 OF THE WORLD'S LEADING CANCER CENTERS, IS DEDICATED TO IMPROVING THE QUALITY, EFFECTIVENESS AND EFFICIENCY OF CARE PROVIDED TO PATIENTS WITH CANCER (WWW.NCCN.ORG). ST. JUDE, A NCCN MEMBER IN COLLABORATION WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER/THE WEST CLINIC, PARTICIPATES IN A NUMBER OF THE VARIOUS COMMITTEES AND GUIDELINES PANELS THAT WORK TOWARD THE GOAL OF IMPROVING THE QUALITY AND EFFECTIVENESS OF CARE PROVIDED TO PATIENTS WITH CANCER. THE NCCN GUIDELINES HAVE BECOME THE MOST WIDELY USED GUIDELINES IN ONCOLOGY PRACTICE AND HAVE BEEN REQUESTED BY CANCER CARE PROFESSIONALS IN MORE THAN 115 COUNTRIES. ACCORDING TO THE AMERICAN CANCER SOCIETY, INDIVIDUALS WITH LOWER SOCIOECONOMIC STATUS HAVE HIGHER CANCER INCIDENCE RATES BECAUSE OF ENGAGING IN LIFESTYLE BEHAVIORS THAT INCREASE CANCER RISK (FOOTNOTE 3). THE ST. JUDE CANCER EDUCATION FOR CHILDREN PROGRAM IS A LOCAL COMMUNITY EFFORT THAT USES EDUCATION AND POSITIVE REINFORCEMENT TO PROMOTE HEALTHY LIFESTYLE CHOICES THAT CAN HELP CHILDREN REDUCE THEIR RISK OF CANCER IN ADULTHOOD. EDUCATIONAL COMPONENTS OF THE PROGRAM SPECIFICALLY ADDRESS OBESITY, NUTRITION, SMOKING, AND SUN EXPOSURE, IMPORTANT ISSUES IN PROMOTING CHILDHOOD HEALTH AND PRIMARY CANCER PREVENTION. THE PROGRAM DEVELOPMENT IS OVERSEEN BY A MULTIDISCIPLINARY TEAM COMPOSED OF ST. JUDE FACULTY AND STAFF, LOCAL EDUCATORS, AND LOCAL HEALTH EXPERTS WHO WORK TOGETHER TO ENSURE THAT THE CONTENT ACHIEVES THE GOALS OF THE PROGRAM WHILE ALIGNING TO STATE AND NATIONAL EDUCATION STANDARDS. DURING THE 2015-2016 SCHOOL YEAR, THE SCHOOL OUTREACH TEAM WORKED WITH 16 SCHOOLS IN THE MEMPHIS AREA TO DELIVER CANCER AND HEALTHY LIVING EDUCATION PROGRAMS TO OVER 1,700 K-12 STUDENTS. OF THE 16 SCHOOLS THAT PARTICIPATED IN THE PROGRAM, 9 WERE TITLE 1 SCHOOLS, THIR</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>S PARTICIPATION IS IMPORTANT BECAUSE OF THE HIGH PERCENTAGE OF CHILDREN ENROLLED FROM LOW SOCIOECONOMIC FAMILIES OF THE 9 TITLE 1 SCHOOLS, 3 WERE IZONE SCHOOLS, WHICH ARE DEFINED AS SCHOOLS PERFORMING IN THE BOTTOM 5% OF SCHOOLS IN THE STATE AND RECEIVE FUNDS TO IMPROV E STUDENT ACHIEVEMENT HEMATOLOGYTHE GEOGRAPHIC CATCHMENT AREA FOR ST JUDE ENCOMPASSES 21 COUNTIES IN WESTERN TENNESSEE INCLUDING MEMPHIS, AND AREAS IN EAST ARKANSAS, NORTH MISSIS SIPPI, AND A FEW COUNTIES IN MISSOURI MORE THAN 70,000 PEOPLE IN THE UNITED STATES HAVE S ICKLE CELL DISEASE (SCD), AND IT IS ESTIMATED THAT MORE THAN 1 MILLION PEOPLE WORLDWIDE SU FFER FROM THE DISEASE IT IS THE MOST FREQUENT GENETIC BLOOD DISORDER IN THE WORLD ST JU DE HAS ONE OF THE LARGEST PEDIATRIC SCD PROGRAMS IN THE COUNTRY AND PROVIDES COMPREHENSIVE TREATMENT AND EDUCATION TO ABOUT 900 CHILDREN WITH SCD IN THE GEOGRAPHIC CATCHMENT AREA SCD IS DIAGNOSED BY STATE-WIDE NEWBORN SCREENING IN ALL 50 STATES ST JUDE HAS A PARTNERS HIP WITH NEWBORN SCREENING PROGRAMS IN TN AND MS THAT ENSURES A STABLE RELATIONSHIP AMONG PARENTS, PATIENTS, PRIMARY CARE PROVIDERS ABOUT 50 NEWBORNS WITH SCD ARE IDENTIFIED EACH YEAR IN OUR GEOGRAPHIC CATCHMENT AREA OUR SCD INFANT TODDLER PROGRAM CONTACTS AND ACCEPTS ALL CHILDREN DIAGNOSED WITH THE DISEASE TO ITS COMPREHENSIVE CARE SERVICE ADDITIONALLY, ST JUDE PROVIDES TRAIT COUNSELING SERVICE TO INFANTS BORN WITH SICKLE CELL TRAIT TO 21 CO UNTIES IN WESTERN TN ST JUDE PROVIDES CONFIRMATORY TESTING, EDUCATION AND COMPREHENSIVE CARE AND FOLLOW-UP THROUGHOUT CHILDHOOD FOR CHILDREN WITH SCD DISEASE FROM BIRTH TO AGE 1 8 YEARS, PATIENTS ARE CLINICALLY EVALUATED AT LEAST EVERY 6 MONTHS, RECEIVE EDUCATION AND MULTI-DISCIPLINARY SERVICES ACCORDING TO STANDARDIZED TREATMENT AND EDUCATION GUIDELINES SERVICES ALSO INCLUDE COMMUNITY OUTREACH AND EDUCATION OF THE LOCAL COMMUNITY ST JUDE HA S ESTABLISHED A FORMAL TRANSITION PROGRAM TO ADULT CARE FOR PATIENTS WITH SCD AND PROVIDES SUPPORT TO PATIENTS AND FAMILIES THROUGHOUT THE TRANSITION PROCESS BY WORKING CLOSELY WIT H THE ADULT SCD PROGRAMS AT METHODIST UNIVERSITY HOSPITAL AND REGIONAL ONE HOSPITAL IN TH E PAST, THE SCD PROGRAM AT ST JUDE HAS COLLABORATED WITH SEVERAL FEDERALLY QUALIFIED HEAL TH CARE CENTERS, WITH COMMUNITY PRIMARY CARE PHYSICIANS, LATINO MEMPHIS (THE LARGEST HISPA NIC SOCIAL AGENCY IN TENNESSEE), WITH THE SICKLE CELL FOUNDATION OF TENNESSEE (A COMMUNITY - BASED SCD ORGANIZATION), AND WITH REGIONAL SCD PROVIDERS TO ENSURE A MEDICAL HOME AND ADE QUATE SOCIAL SUPPORT FOR ALL SCD PATIENTS IN THE AREA ST JUDE ASSESSES PATIENT NEEDS THR OUGH PARENT AND PATIENT SURVEYS, INTERACTIVE EDUCATION, MATERIALS REVIEW, AND THROUGH GROU P DISCUSSIONS WITH PARENTS AND PATIENTS ST JUDE ALSO PROVIDES CLINICAL SERVICES FOR APPRO XIMATELY 800 CHILDREN PER YEAR WITH OTHER NON-MALIGNANT HEMATOLOGICAL DISORDERS THROUGH A STRONG RELATIONSHIP WITH LOCAL COMMUNITY PHYSICIANS CHILDREN FROM THE GEOGRAPHIC CATCHMEN T AREA OF ST JUDE (AS OUTLINED ABOVE) WITH ILLNESSES SUCH AS HEMOPHILIA, APLASTIC ANEMIA, THROMBOSIS, THALASSEMIA, SPHEROCYTOSIS, AND IMMUNE THROMBOCYTOPENIC PURPURA AND OTHER NON -MALIGNANT HEMATOLOGIC DISORDERS ARE REFERRED TO AND RECEIVE STATE-OF-THE-ART CARE FROM ST JUDE PHYSICIANS AND MEDICAL STAFF ST JUDE IS ONE OF A SELECT GROUP OF FEDERALLY RECOGN IZED PEDIATRIC HEMOPHILIA TREATMENT CENTERS AND PROVIDES STATE-OF-THE-ART COMPREHENSIVE CA RE TO APPROXIMATELY 300 CHILDREN WITH BLEEDING AND THROMBOSIS DISORDERS IN ADDITION TO PRO VIDING AND CONTINUOUSLY IMPROVING STANDARDIZED CARE TO THESE PATIENT POPULATIONS, ST JUDE HEMATOLOGY DEDICATES A SIGNIFICANT AMOUNT OF RESOURCES TO CLINICAL, TRANSLATIONAL, AND BA SIC RESEARCH TO IMPROVE SURVIVAL AND DECREASE MORBIDITY OF CHILDREN WITH NON-MALIGNANT CHR ONIC BLOOD DISEASES MOST PATIENTS PARTICIPATE IN RESEARCH STUDIES, WHICH HAVE RESULTED IN MAJOR IMPROVEMENTS IN CLINICAL CARE FOR EXAMPLE, RECENT RESULTS FROM THE BABY HUG TRIAL SHOWED THAT DAILY ORAL HYDROXYUREA IS SA</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>AS NOTED IN PART I, LINE 3C, NO FAMILY EVER PAYS ST JUDE FOR TREATMENT IN ADDITION, ST JUDE PROVIDES AN UNPARALLELED LEVEL OF SUPPORT SERVICES AT NO COST TO FAMILIES WE ALSO HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS AND SOCIAL SECURITY DOING SO ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT OUTSIDE OF ST JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS WE UTILIZE AN OUTSIDE CONTRACTOR TO PROVIDE APPLICATION ASSISTANCE THE HOSPITAL'S FINANCIAL ASSISTANCE STATEMENT (<a href="https://www.stjude.org/legal/financial-assistance-statement.html">HTTPS //WWW STJUDE ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT HTML</a>) AND FINANCIAL ASSISTANCE POLICY (<a href="https://www.stjude.org/legal/financial-assistance-policy.html">HTTPS //WWW STJUDE ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY HTML</a>) ARE POSTED ON THE HOSPITAL'S WEBSITE AND AVAILABLE AT REGISTRATION THESE DOCUMENTS ARE AVAILABLE IN ENGLISH AND SPANISH FOR FAMILIES SPEAKING OTHER LANGUAGES, WE UTILIZE ONSITE INTERPRETER SERVICES AND/OR PROFESSIONAL CONTRACTED TRANSLATION SERVICES</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>ST JUDE CHILDREN'S RESEARCH HOSPITAL IN MEMPHIS, TN, IS A SPECIALTY HOSPITAL THAT TREATS PEDIATRIC CATASTROPHIC DISEASES WITH A FOCUS ON CANCER AND BLOOD DISORDERS. PATIENTS AT ST JUDE ARE REFERRED BY A PHYSICIAN, DIAGNOSED WITH A DISEASE CURRENTLY UNDER STUDY, AND ELIGIBLE FOR A RESEARCH PROTOCOL. ST JUDE IS THE ONLY PEDIATRIC RESEARCH CENTER FOR CHILDREN WITH CATASTROPHIC DISEASES, INCLUDING CANCER AND BLOOD DISORDERS, WHERE FAMILIES NEVER PAY FOR TREATMENT NOT COVERED BY INSURANCE. IN FACT, NO FAMILY EVER PAYS ST JUDE FOR ANYTHING. TRANSPORTATION, HOUSING AND FOOD ARE AMONG THE NO-COST SERVICES PROVIDED TO ENSURE FAMILIES COMING TO ST JUDE CAN FOCUS ON THEIR CHILD. NO CHILD IS EVER DENIED TREATMENT DUE TO RACE, SEX, NATIONALITY, ETHNICITY, RELIGION, OR THE FAMILY'S ABILITY TO PAY. THE COMMUNITY SERVED BY ST JUDE CAN BEST BE DEFINED BY UNDERSTANDING ST JUDE'S PATIENT POPULATION AND SCOPE OF CLINICAL SERVICES. ST JUDE SERVES AS A NATIONAL REFERRAL CENTER FOR CHILDREN WITH CATASTROPHIC DISEASES, SUCH AS CANCER AS WELL AS A LOCAL REFERRAL CENTER FOR CHILDREN WITH CANCER, BLOOD DISORDERS, AND HIV/AIDS. IT DOES NOT ADMIT CHILDREN FOR ANY DIAGNOSTIC GROUPS OUTSIDE OF THESE SERVICES AND DOES NOT OFFER MEDICAL SERVICES BEYOND THOSE NECESSARY TO CARE FOR CHILDREN WITH THESE DISEASES. ST JUDE DOES NOT HAVE AN EMERGENCY ROOM (ER). A REFERRAL FROM A MEDICAL PROFESSIONAL EXTERNAL TO ST JUDE, TYPICALLY THE CHILD'S PEDIATRICIAN OR A PEDIATRIC SUBSPECIALIST, IS NECESSARY PRIOR TO ACCEPTING A PATIENT FOR TREATMENT TO ST JUDE. ST JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING, RESEARCH-DRIVEN TREATMENTS. SPECIFICALLY, MORE THAN 8,000 ACTIVE PATIENTS ARE SEEN AT ST JUDE YEARLY, MOST OF WHO ARE ENROLLED ON CLINICAL TRIALS FOR NEW TREATMENTS DEVELOPED BY ST JUDE AND WHO ARE TREATED ON A CONTINUOUS OUTPATIENT BASIS. THE HOSPITAL HAS 64 OPERATIONAL BEDS FOR PATIENTS REQUIRING HOSPITALIZATION DURING TREATMENT. IT SHOULD BE NOTED THAT ST JUDE HAS DEVELOPED UNIQUE RESOURCES THAT ALLOW A SIGNIFICANT PORTION OF PATIENTS TO BE TREATED AS OUTPATIENTS WHO WOULD BE ADMITTED INTO INPATIENT UNITS AT MOST HOSPITALS. THIS IS ACCOMPLISHED THROUGH PATIENT HOUSING DEDICATED SOLELY TO ST JUDE PATIENT FAMILIES DESIGNED WITH INFECTION CONTROL MEASURES SUCH AS HEPA FILTRATION, INFECTION-RESISTANT SURFACES AND OTHER MEDICAL SAFEGUARDS THAT ARE NOT AVAILABLE IN HOTELS OR PATIENTS' HOMES. ST JUDE HAS A NETWORK OF SEVEN AFFILIATED PEDIATRIC HEMATOLOGY/ONCOLOGY CLINICS IN THE U.S., ALLOWING ST JUDE TO EXTEND CARE AND BENEFITS TO MORE CHILDREN AND INCREASE THE NUMBER OF CHILDREN ABLE TO BE TREATED ON ST JUDE CLINICAL TRIALS. ST JUDE ALSO OPERATES AN INTERNATIONAL OUTREACH PROGRAM AIMED AT SHARING KNOWLEDGE AND RESOURCES TO IMPROVE THE SURVIVAL RATE OF CHILDREN WITH CANCER AND HEMATOLOGIC DISEASES WORLDWIDE. ST JUDE HAS PARTNERSHIPS WITH 24 MEDICAL INSTITUTIONS IN 17 COUNTRIES. THE HOSPITAL'S OUTREACH INCLUDES THE LOCAL MARKET, AFFILIATE INSTITUTIONS, OTHER AREAS OF THE UNITED STATES/U.S. TERRITORIES, AND THE INTERNATIONAL COMMUNITY. THE LOCAL MARKET ENCOMPASSES MEMPHIS, TENNESSEE AND THE SURROUNDING GEOGRAPHIC AREA WITH APPROXIMATELY 22% OF NEW ONCOLOGY PATIENTS RESIDING WITHIN THIS AREA. FY16 NEW CANCER PATIENTS: PATIENT ORIGIN % OF TOTAL: MEMPHIS, TN AND SURROUNDING AREA 22% AFFILIATE REFERRAL 38% NATIONAL REFERRAL (OTHER AREAS OF U.S.) 32% INTERNATIONAL REFERRAL 8% GRAND TOTAL 100%. THE ST JUDE AFFILIATE PROGRAM (AP) IS A NETWORK OF SEVEN AFFILIATED PEDIATRIC HEMATOLOGY/ONCOLOGY CLINICS IN THE U.S., ALLOWING ST JUDE TO EXTEND CARE AND BENEFITS TO MORE CHILDREN AND INCREASE THE NUMBER OF CHILDREN ABLE TO BE TREATED ON ST JUDE CLINICAL TRIALS CLOSER TO HOME. THE PHYSICIANS AND STAFF AT THESE SITES WORK IN COLLABORATION WITH THE STAFF AT ST JUDE TO DELIVER PROTOCOL-RELATED CARE OR EVIDENCE-BASED TREATMENT WHEN NOT PARTICIPATING IN A TRIAL TO PEDIATRIC HEMATOLOGY-ONCOLOGY PATIENTS, SO THAT PATIENTS CAN RECEIVE CARE CLOSER TO HOME. AFFILIATES ARE CURRENTLY LOCATED IN BATON ROUGE LA, CHARLOTTE NC, HUNTSVILLE AL, JOHNSON CITY TN, PEORIA IL, SHREVEPORT LA, AND SPRINGFIELD MO. THE AFFILIATES' ENROLLMENT OF PATIENTS ON ST JUDE CLINICAL TRIALS HELPS ST JUDE FIND CURES FASTER AND SAVE MORE CHILDREN. ST JUDE PROVIDES FINANCIAL SUPPORT FOR CLINICAL OPERATIONS TO ENSURE EXCELLENT QUALITY OF CARE THAT MEETS ST JUDE PROTOCOL GUIDELINES AND TO PROVIDE PATIENT ASSISTANCE. THE AP AND OTHER STAFF ASSIST THE AFFILIATES IN THE DEVELOPMENT OF NEW PEDIATRIC HEMATOLOGY-ONCOLOGY PROGRAMS, PROVIDE MONITORING AND CONSULTATION TO IMPROVE PATIENT CARE AND CLINICAL PROCESSES FOR THE AFFILIATE CLINIC AND CHILDREN'S HOSPITAL, AND PROVIDE NUMEROUS EDUCATIONAL OFFERINGS AND MENTORING FOR AFFILIATE STAFF. IN ADDITION, ST JUDE HAS MANY PROCESSES TO ENSURE GOOD CONTINUITY OF CARE BETWEEN THE AFFILIATES AND ST JUDE. THE AFFILIATES' CLINICAL RECORDS FOR SHARED PATIENTS ARE AVAILABLE IN ST JUDE MEDICAL RECORDS AND EVERY AFFILIATE HAS ACCESS TO ST JUDE.</p>

Form and Line Reference	Explanation																
PART VI, LINE 4	<p>E ELECTRONIC MEDICAL RECORDS OF SHARED PATIENTS THE AFFILIATES ALSO HAVE ACCESS TO ALL EL ECTRONIC RESOURCES, E G PATIENT EDUCATION MATERIALS, RESEARCH PROTOCOLS, CLINICAL GUIDELI NES AND RESOURCES, EVERYTHING ON THE ST JUDE INTRANET IN ADDITION TO ASSISTING THE AFFIL IATES, ST JUDE PROVIDES CONSULTATION SERVICES FOR MORE THAN 3,000 NATIONAL AND 800 INTERN ATIONAL PHYSICIAN REQUESTS FOR FY16 PATIENT CONSULTATIONS BY CONTINENT TOTALED 3,905 AS FOLLOWS CONTINENT NUMBER OF PATIENTS CONSULTATIONS</p> <table><tr><td>NORTH AMERICA</td><td>3,269</td></tr><tr><td>SOUTH AMERICA</td><td>197</td></tr><tr><td>EUROP E</td><td>113</td></tr><tr><td>AFRICA</td><td>27</td></tr><tr><td>ASIA</td><td>228</td></tr><tr><td>AUSTRALIA</td><td>50</td></tr><tr><td>UNKNOWN LOCATION</td><td>21</td></tr><tr><td>TOTAL</td><td>3,905</td></tr></table> <p>ST JUDE ALSO OPERATES AN INTERNATIONAL OUTREACH PROGRAM (IOP) AIMED AT IMPROVING SURVIVAL RATES OF CHILDREN WITH CA NCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE ST JUDE ACCOMPLISHES THIS BY SHARING KNOW LEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS, IMPLEMENTING NEW APPROACHES TO TREAT PEDIATRI C CANCER GLOBALLY, AND GENERATING INTERNATIONAL NETWORKS COMMITTED TO ERADICATING CANCER I N CHILDREN THERE ARE AN ESTIMATED 175,000 NEWLY DIAGNOSED CASES OF CHILDHOOD CANCER WORLD WIDE EACH YEAR, AND 84% OCCUR IN LOW- AND MIDDLE- INCOME COUNTRIES CANCER IS EMERGING AS A MAJOR CAUSE OF CHILDHOOD DEATH IN ALL DEVELOPING COUNTRIES, REPLACING OTHER CAUSES OF CHI LDHOOD MORTALITY (E G HIV, MALNUTRITION, INFECTIONS) DESPITE VAST IMPROVEMENTS IN THERAP Y AND SURVIVAL IN HIGH-INCOME COUNTRIES OVER THE PAST 30 YEARS, AN ESTIMATED 60% DO NOT HA VE ACCESS TO ADEQUATE DIAGNOSIS AND MODERN CARE ST JUDE STRIVES TO ADDRESS THE NEEDS OF THOSE CHILDREN IN COUNTRIES THAT LACK SUFFICIENT RESOURCES AND HELP THEM MANAGE THEIR OWN BURDEN OF CASES EFFECTIVELY WHILE SICK CHILDREN FROM AROUND THE WORLD HAVE TRAVELED TO OU R HOSPITAL IN MEMPHIS, RECEIVING TREATMENT IN THEIR OWN COUNTRIES IS MORE EFFICIENT AND LE SS DISRUPTIVE FOR THEM AND THEIR FAMILIES BECAUSE OF OUR INTERNATIONAL EFFORTS, WE ARE AB LE TO REACH FAR MORE CHILDREN THAN WOULD EVER BE ABLE TO COME TO MEMPHIS A BASIC HEALTHCA RE INFRASTRUCTURE IS NEEDED TO SUPPORT PEDIATRIC ONCOLOGY PROGRAMS, WHICH IN TURN FURTHER IMPROVES THE DEVELOPMENT OF BASIC HEALTHCARE AT THE LOCAL LEVEL, THE IOP DEVELOPS PARTNER SHIPS WITH MEDICAL INSTITUTIONS AND FUND-RAISING ORGANIZATIONS AND FACILITATES THE INVOLVE MENT OF OTHER AND GOVERNMENT ORGANIZATIONS TO SUPPORT KEY PROGRAMS AND THE EDUCATION OF LO CAL PERSONNEL AT THE REGIONAL LEVEL, THE IOP DEVELOPS PROGRAMS THROUGH THE USE OF TECHNOLO GY AND FOSTERS REGIONAL AND INTERNATIONAL COLLABORATIONS WITH OTHER PEDIATRIC MEDICAL INS TITUTIONS THE PRIMARY GOAL IS TO DEVELOP LOCAL AND REGIONAL SELF-SUFFICIENCY THIS MODEL RESULTS IN SIGNIFICANT OVERALL IMPROVEMENT IN HEALTHCARE FACILITIES, THE LEVEL OF PRACTICE , THE CONFIDENCE OF HEALTHCARE PROVIDERS, AND LOCAL COMMUNITY INVOLVEMENT ST JUDE EMPHAS IZES THE BUILDING OF REGIONAL EXPERTISE AND DIAGNOSTIC CAPABILITIES, WHICH PROVIDE A CRITI CAL MASS OF PROFESSIONALS WHO CONTINUALLY LEARN FROM AND ASSIST EACH OTHER COST EFFICIENC Y IS ALSO REALIZED BECAUSE OF SHARED RESOURCES ST JUDE HAS PARTNERSHIPS WITH 24 MEDICAL I NSTITUTIONS (AND THEIR SUPPORTING FOUNDATIONS) ACROSS 17 DIFFERENT COUNTRIES-BRAZIL, CHILE , CHINA, COSTA RICA, DOMINICAN REPUBLIC, ECUADOR, EL SALVADOR, GUATEMALA, HAITI, HONDURAS, JORDAN, LEBANON, MEXICO, MOROCCO, NICARAGUA, PHILIPPINES, VENEZUELA ST JUDE WORKS WITH I TS PARTNERS TO DEVELOP EVIDENCED-BASED TREATMENT PROTOCOLS TAILORED TO REGIONAL NEEDS AND RESOURCES ADDITIONALLY, ST JUDE PHYSICIANS AND NURSES SERVE AS MENTORS TO CLINICAL PERSO NNEL AT PARTNER SITES, PROVIDE LOCAL AND ONLINE TRAINING FOR ONCOLOGY CARE, DIAGNOSIS, AND SUPPORTIVE CARE, AND PARTICIPATE IN ONLINE MEETINGS TO DISCUSS CLINICAL CARE BEST PRACTIC ES THE MAJORITY OF ONLINE MEETINGS HELD AND TRAINING PROVIDED IS VIA ST JUDE'S WEB-BASED PLATFORM, ST JUDE CURE4KIDS(TM), A FREE RESOURCE FOR ALL GLOBAL PEDIATRIC ONCOLOGY PROFE SSIONALS, REGARDLESS OF THEIR AFFILIATION WITH ST JUDE OR ITS PARTNERS FINALLY, ST JUDE PARTNERS WITH LOCAL FUNDRAISING ORGANIZ</p>	NORTH AMERICA	3,269	SOUTH AMERICA	197	EUROP E	113	AFRICA	27	ASIA	228	AUSTRALIA	50	UNKNOWN LOCATION	21	TOTAL	3,905
NORTH AMERICA	3,269																
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TOTAL	3,905																

Form and Line Reference	Explanation
PART VI, LINE 5	<p>ST JUDE CHILDREN'S RESEARCH HOSPITAL WAS OPENED IN 1962 BY ENTERTAINER DANNY THOMAS, WITH THE PURPOSE OF "IMPROVING CHILD HEALTH THROUGH RESEARCH IN BIOLOGY AND PEDIATRICS " OUR MISSION IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT CONSISTENT WITH THE VISION OF OUR FOUNDER, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY OUR VISION IS TO BE THE WORLD LEADER IN ADVANCING THE TREATMENT AND PREVENTION OF CATASTROPHIC DISEASES IN CHILDREN THIS VISION IS PURSUED BY PROVIDING OUTSTANDING PATIENT CARE, BY CONDUCTING BASIC, TRANSLATIONAL AND CLINICAL RESEARCH DESIGNED TO ELUCIDATE BIOLOGICAL MECHANISMS, UNDERSTAND DISEASE PATHOGENESIS, IMPROVE DIAGNOSIS, ENHANCE TREATMENT OUTCOME, PREVENT DISEASES AND MINIMIZE ADVERSE CONSEQUENCES OF TREATMENT, AND BY EDUCATING HEALTHCARE AND SCIENTIFIC RESEARCH PROFESSIONALS THROUGH THESE EFFORTS WE SEEK TO CURE AND ENHANCE THE QUALITY OF LIFE FOR AN INCREASING PROPORTION OF CHILDREN WHO COME TO US FOR TREATMENT, AND BY EXPANDING AND SHARING KNOWLEDGE, TO ADVANCE TREATMENT OF CHILDREN WITH CATASTROPHIC DISEASES WORLD-WIDE , WHILE DEVELOPING STRATEGIES TO PREVENT CATASTROPHIC DISEASES IN CHILDREN ST JUDE COMBINES LABORATORY AND CLINICAL RESEARCH TO ADVANCE THE CARE OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES FOCUSING ON PROVIDING OUTSTANDING PATIENT CARE RESULTS IN RESEARCH FINDINGS THAT TRANSLATE INTO IMPROVED PATIENT OUTCOME ST JUDE HAS AN ACADEMIC FACULTY ENGAGED IN A BROAD SPECTRUM OF RESEARCH INCLUDING THERAPEUTIC TRIALS, INVESTIGATION OF DISEASE PATHOGENESIS AND DISCOVERY-ORIENTED BASIC RESEARCH HOSPITAL OPERATIONS ARE OVERSEEN BY A BOARD OF GOVERNORS, THE MAJORITY ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF RESEARCH ACTIVITIES ARE REVIEWED ANNUALLY BY A SCIENTIFIC ADVISORY BOARD COMPOSED OF INTERNATIONALLY PROMINENT PHYSICIANS AND SCIENTISTS ST JUDE CONTRIBUTED TO THE BUILDING OF A STATE-OF-THE ART NEUROSURGICAL FACILITY FOR TREATING PEDIATRIC PATIENTS IN THE SURROUNDING VICINITY AND ST JUDE BRAIN TUMOR PATIENTS THE FACILITY IS EQUIPPED WITH INTRA-OPERATIVE IMAGING EQUIPMENT (IMRI) WHEN PURCHASED, ONLY TWO NEUROSURGICAL FACILITIES IN THE UNITED STATES PROVIDED PATIENTS THIS LEVEL OF TREATMENT WHICH ALLOWS IMAGING TO TAKE PLACE DURING SURGICAL PROCEDURES IMRI EQUIPMENT ALLOWS SURGEONS TO MAKE INFORMED DECISIONS DURING THE SURGERY LIVE WEB CASTS ALLOW OTHERS TO VIEW PROCEDURES OUR ASSISTANCE WITH THIS FACILITY HELPS ASSURE THAT CHILDREN IN THE AREA HAVE ACCESS TO THE BEST NEUROSURGICAL TREATMENT AVAILABLE ST JUDE COMPLETED THE FIRST PHASE OF THE PEDIATRIC CANCER GENOME PROJECT IN JANUARY 2013-A COLLABORATION WITH WASHINGTON UNIVERSITY TO FIND CLUES TO THE CAUSES OF CHILDHOOD CANCER AND POTENTIAL NEW TREATMENTS AND CURES THE PROJECT HAS RESULTED IN GROUND-BREAKING DISCOVERIES IN A NUMBER OF DIFFERENT AGGRESSIVE CHILDHOOD CANCERS INCLUDING RETINOBLASTOMA, MEDULLOBLASTOMA, NEUROBLASTOMA, DIFFUSE INTRINSIC PONTINE GLIOMA, TWO AGGRESSIVE FORMS OF LEUKEMIA AND LOW-GRADE GLIOMAS IN DECEMBER 2012, THE PEDIATRIC CANCER GENOME PROJECT WAS RECOGNIZED AS ONE OF TIME MAGAZINE'S TOP 10 MEDICAL BREAKTHROUGHS AND, IN 2013, AS ONE OF TIME MAGAZINE'S TOP 100 NEW SCIENTIFIC DISCOVERIES THE PCGP RECENTLY LAUNCHED PHASE 2 OF THE PROJECT, A TWO-YEAR, \$30 MILLION Endeavor THAT WILL EXAMINE THE CANCER SAMPLES FROM 300 CHILDREN AND FOCUS ON DEFINING MUTATIONS THAT CONTRIBUTE TO TUMOR FORMATION, CHARACTERIZING THE STATE OF THE CANCER CELL'S EPIGENOME AND DESCRIBE HOW IT DIFFERS FROM WHAT IS SEEN IN THE NORMAL CELLS THE SECOND PHASE ALSO INCLUDES A CLINICAL GENOMICS PROJECT CALLED GENOMES FOR KIDS THAT WILL INVOLVE NEXT-GENERATION SEQUENCING FOR EVERY CHILD WITH CANCER WHO WALKS THROUGH THE DOORS AT ST JUDE WHEN PHASE 2 IS COMPLETE, ST JUDE HOPES TO HAVE A MODEL FOR HOW TO EXTEND GENOME SEQUENCING TO EVERY CHILDHOOD CANCER PATIENT IN THE UNITED STATES FROM ITS BEGINNINGS IN 2010, THE PCGP IS THE LARGEST, BROADEST, PRIVATELY FUNDED SEQUENCING PROJECT FOR CHILDREN WITH CANCER AND NOW HAS SEQUENCED MORE THAN 700 MATCHED PAIRS OF TUMOR AND HEALTHY GENOMES FROM YOUNG PATIENTS THE PCGP HAS PROVIDED NEW DETAILS ABOUT THE MUTATIONS THAT UNDERLIE THE DEVELOPMENT AND GROWTH OF A RANGE OF CHILDHOOD CANCERS, AND HAS LAID THE FOUNDATION FOR IMPROVED DIAGNOSTIC TESTING AND THE NEXT GENERATION OF MORE EFFECTIVE, LESS TOXIC THERAPIES THE PROJECT HAS LED TO NEW DIRECTIONS IN RESEARCH INVOLVING HIGH-RISK LEUKEMIA, BRAIN AND SOLID TUMORS AS WELL AS NEW COMPUTATIONAL METHODS THAT HAVE BEEN SHARED FOR FREE WITH THE GLOBAL SCIENTIFIC COMMUNITY THE CYCLOTRON (PARTICLE ACCELERATOR) AT ST JUDE ENABLES RESEARCHERS TO TRACK THE GROWTH OF CANCER CELLS, PINPOINT THE PRODUCTION OF NEW DNA BY TUMOR CELLS AND STUDY THE HEARTS OF ADULT PATIENTS RETURNING TO ST JUDE FOR LIFETIME FOLLOW-UP THE CYCLOTRON HELPS RESEARCHERS BETTER UNDERSTAND CHILD</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>HOOD CANCER BY ENABLING THEM TO PRODUCE NEW, VERY SHORT-ACTING TRACERS ST JUDE UTILIZES T HE SERVICES OF CHILDREN'S GMP, LLC (OF WHICH ST JUDE IS THE SOLE MEMBER) CHILDREN'S GMP, LLC MANAGES AND OPERATES A GOOD MANUFACTURING PRACTICE (GMP) FACILITY WHICH ENGAGES IN TH E PRODUCTION OF BIOLOGICS AND DRUGS FOR RESEARCH THE GMP OFFERS RESOURCES TO STUDY RARE D ISEASES OVERLOOKED BY PHARMACEUTICAL COMPANIES BECAUSE THERE IS LITTLE PROFIT IN MANUFACTU RING DRUGS FOR LESSER KNOWN DISEASES THE FACILITY, OPERATING ACCORDING TO APPROVED FDA ST ANDARDS, ALLOWS DOCTORS TO TAILOR TREATMENTS SPECIFICALLY FOR AN INDIVIDUAL CHILD THE CELL AND TISSUE IMAGING CENTER INCLUDES ELECTRON MICROSCOPY AND LIGHT MICROSCOPY THE FACILITY PROVIDES INVESTIGATORS ACCESS TO TRANSMISSION ELECTRON MICROSCOPY, CONFOCAL LASER SCANNIN G MICROSCOPY, MULTIPHOTON MICROSCOPY, IMAGE ANALYSIS, CELL MICROINJECTION AND LIVE CELL IM AGING THE FEI TECNAI 20 200KV FEG ELECTRON MICROSCOPE, WHICH CAN MAGNIFY AN OBJECT 700,00 0 TIMES, IS AT THE HEART OF THIS PROGRAM THE ELECTRON MICROSCOPE INSTRUMENT IS ONE OF ONLY 200 OF ITS TYPE IN THE WORLD THIS TECHNOLOGY ALLOWS RESEARCHERS TO GET A CLOSER LOOK AT CANCER TO BETTER UNDERSTAND HOW IT GROWS AND SPREADS AND RESPONDS TO THERAPY USING THE E LECTRON MICROSCOPE, RESEARCHERS LEARN HOW CANCER CELLS BREAK AWAY FROM THE TUMOR AND SPREA D THROUGHOUT THE BODY CONSTRUCTION OF A NEW PATIENT CARE AND RESEARCH BUILDING ON THE ST JUDE CAMPUS IS UNDERWAY THE FACILITY WILL HOUSE PROTON BEAM RADIATION THERAPY TECHNOLOGY DESIGNED TO DELIVER RADIATION THERAPY FOR TREATING CHILDREN WITH BRAIN TUMORS AND SEVERAL OTHER CHILDHOOD CANCERS PROTON THERAPY IS FAR LESS DAMAGING TO SURROUNDING HEALTHY TISSUE THAN OTHER CURRENT RADIATION THERAPIES THIS EQUIPMENT WILL ENABLE ST JUDE TO PROVIDE TH IS THERAPY IN A MORE INTEGRATED MANNER TO OUTPATIENTS AND ALLOW OUR RADIATION ONCOLOGISTS TO LEAD THE DEVELOPMENT OF NEW TREATMENTS WITH PROTONS CURRENTLY THERE ARE NO OTHER PROTO N THERAPY CENTERS IN THE WORLD DEDICATED SOLELY TO THE TREATMENT OF CHILDREN TO FURTHER PA LLIATIVE SERVICES IN THE COMMUNITY, ST JUDE PARTICIPATED WITH LE BONHEUR CHILDREN'S HOSPI TAL IN DEVELOPING THE QUALITY OF LIFE FOR ALL KIDS PALLIATIVE PROGRAM FOR SERIOUSLY ILL CH ILDREN HOSPICE STAFF, BOTH IN THE HOME AND IN THE HOSPICE RESIDENCE, PROVIDES INTERDISCIP LINARY CARE TO CHILDREN THROUGHOUT THE ILLNESS TRAJECTORY AND CONCURRENT THERAPIES ST JUDE ADMINISTRATIVE LEADERS AND FACULTY MEMBERS OF THE DEPARTMENT OF PHARMACEUTICAL SCIENCES HAVE BEEN AT THE FOREFRONT OF BRINGING NATIONAL ATTENTION TO THE PEDIATRIC CANCER DRUG SHO RTAGE TOPIC, ACTIVELY ENGAGING REGULATORY AND LEGISLATIVE BODIES TO UNDERSTAND THE IMPACT THESE DRUG SHORTAGES HAVE ON PEDIATRIC CARE AND RESEARCH PRESENTATIONS OR WRITTEN TESTIMO NY HAVE BEEN PROVIDED TO THE FDA CENTER FOR DRUG EVALUATION AND RESEARCH WORKSHOP, TWO SEN ATE HEARINGS, AND HEALTH SUBCOMMITTEE OF THE HOUSE COMMITTEE ON ENERGY AND COMMERCE ST JUDE FOCUSES ON EDUCATING AND TRAINING THE NEXT GENERATION OF DOCTORS, NURSES, RESEARCHERS AND ACADEMIC LEADERS FROM PROGRAMS FOR HIGH SCHOOL STUDENTS TO THE POST-DOCTORAL LEVEL, T HE HOSPITAL PLAYS A MAJOR ROLE IN PREPARING FUTURE LEADERS OF SCIENCE AND MEDICINE IN ADD ITION TO ONSITE EDUCATION, THE INTERNATIONAL OUTREACH PROGRAM PROVIDES AN EDUCATION AND CO LLABORATION WEB SITE, CURE4KIDS(TM) (WWW.CURE4KIDS.ORG) VIA THE CONNECT2PROTECT PROGRAM, S T JUDE COLLABORATES WITH CHURCHES, OTHER HEALTHCARE ORGANIZATIONS AND CIVIC GROUPS TO RAI SE AWARENESS ABOUT PREVENTING THE SPREAD OF HIV/AIDS THE PRIMARY TARGET IS THE AFRICAN AM ERICAN COMMUNITY ALTHOUGH OTHER ETHNIC GROUPS ARE ALSO SERVED INCLUDING ASIAN, CAUCASIAN, AND HISPANIC THE FUNDRAISING SOURCE FOR ST JUDE IS ALSAC WHICH RAISES FUNDS SOLELY FOR TH E HOSPITAL BECAUSE OF THE HOSPITAL'S MISSION, PEOPLE NATIONWIDE CONTRIBUTE VIA TENS OF TH OUSANDS OF FUNDRAISING EFFORTS ALSAC CONTRIBUTED \$807 MILLION IN FY16 TO SUPPORT ST JUDE VOLUNTEERS ENHANCE THE QUALITY OF PATIE</p>

Form and Line Reference	Explanation
PART VI, LINE 2 (CONTINUATION FROM 93/126)	<p>THROUGH DATA OBTAINED FROM THE STRATEGIC MULTISITE INITIATIVE FOR LINKAGE AND ENGAGEMENT (SMILE) PROGRAM, COALITION MEMBERS FACILITATED DIALOGUE AND DISCUSSIONS WITH KEY STAKEHOLDERS, AND STRATEGIZED ON NEW POLICY AND PRACTICE CHANGES RELATED TO COMMONLY IDENTIFIED BARRIERS (DISCLOSURE, TIMELINES OF CONFIRMATORY TEST, MEDICATION/APPOINTMENT ADHERENCE) FROM PROGRAM LAUNCH (06/2010) THROUGH PROGRAM COMPLETION (02/2016) OUR EFFORTS RESULTED IN APPROXIMATELY 96% (489/510) OF NEWLY DIAGNOSED HIV+ YOUTH BEING ENGAGED IN MEDICAL CARE THIS SUCCESS SPEAKS TO STRATEGIC COMMUNITY MOBILIZATION, PARTNER AGENCY PARTICIPATION AND IMPROVED ACCESS TO CARE FOR NEWLY DIAGNOSED HIV POSITIVE YOUTH PARTICIPANTS IN THE SMILE PROGRAM RECEIVE ASSISTANCE WITH LINKAGE AND ENGAGEMENT IN CARE SERVICES, SPECIALIZED CASE MANAGEMENT, CRISIS INTERVENTION, AND INDIVIDUALIZED COMMUNITY SERVICE AND RESOURCE REFERRALS AS INDIVIDUAL BARRIERS ARE IDENTIFIED THE SMILE PROGRAM DATA HAS BEEN USED TO FACILITATE CONTINUED DIALOGUE WITHIN THE C2P COALITION THE INTEGRATION OF BOTH PROGRAMS HAS ENCOURAGED THE COALITION TO PRIORITIZE ALIGNMENT OF THE STRATEGIC PLAN WITH THE HIV CARE CONTINUUM THEREBY IMPROVING ENGAGEMENT AND RETENTION IN CARE OUTCOMES FOR INDIVIDUALS THAT PARTICIPATE IN THE SMILE PROGRAM OTHER COMMUNITY INITIATIVES INCLUDE A 9-MONTH PILOT PROJECT TO ESTABLISH HIV TESTING AND LINKAGE TO PREVENTION SERVICES IN COMMUNITIES WITH DISPROPORTIONATE HIV RATES THIS INVOLVED INTENTIONALLY IMPLOING A COMMUNITY BASED PARTICIPATORY RESEARCH (CBPR) APPROACH TO HELP REACH A MARGINALIZED POPULATION THAT IS EASILY ACCESSIBLE AND TO ASSURE BUY IN FROM THAT POPULATION WE SUCCESSFULLY CONDUCTED 5 STAKEHOLDERS/GATEKEEPER MEETINGS TO DETERMINE SPECIFIC OUTREACH AND EDUCATION STRATEGIES, 3 FOCUS GROUPS WITH THE TARGETED POPULATION OF FOCUS TO EXPLORE ORGANIZATIONAL READINESS AND TO ASCERTAIN INNOVATIVE STRATEGIES FOR HIV EDUCATION, TESTING AND ACCESS TO CARE AND PREVENTION SERVICES TESTING AND LINKAGE TO PREVENTION SERVICES REACHED OVER 642 YOUTH AND YOUNG ADULTS DURING THE PILOT PHASE OF THE PROJECT WITH CUMULATIVE HIV POSITIVITY RATE OF 4 5% (29) 1 AMERICAN CANCER SOCIETY CANCER FACTS &amp; FIGURES 2016 ATLANTA AMERICAN CANCER SOCIETY, 2016 2 FOR THE PERIOD FROM JULY 1, 2015 TO JUNE 30, 2016 3 AMERICAN CANCER SOCIETY CANCER FACTS &amp; FIGURES 2016 ATLANTA AMERICAN CANCER SOCIETY, 2016</p>

**Schedule H (Form 990) 2015**

Additional Data

Software ID:  
Software Version:  
EIN: 62-0646012  
Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL  
INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 WWW STJUDE ORG TN STATE LICENSE NUMBER 000000113	X	X			X				

# 2015

62-0646012

## Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ST JUDE CHILDREN'S RESEARCH HOSPITAL IS ACTIVELY INVOLVED WITH THE DONEE THROUGH THIS ACTIVE INVOLVEMENT, THE ORGANIZATIONS ARE MONITORED TO ENSURE THE SUPPORT IS USED APPROPRIATELY

Additional Data

Software ID:  
Software Version:  
EIN: 62-0646012  
Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL  
INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE 50 NORTH DUNLAP SUITE 462R MEMPHIS,TN 38105	62-6001636	GOVERNMENT ENTITY	3,164,983				COLLABORATION AND SUPPORT AGREEMENT
SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE PEORIA,IL 61637	37-0662569	501(C)(3)	490,909				OPERATION OF ST JUDE CLINIC
CHURCH HEALTH CENTER OF MEMPHIS INC 1210 PEABODY AVENUE MEMPHIS,TN 381040457	58-1716113	501(C)(3)	100,000				FINANCIAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
METHODIST LEBONHEUR 1265 UNION AVE MEMPHIS, TN 381040457	62-0479367	501(C)(3)		9,419	BOOK	EQUIPMENT	PROVIDE EQUIPMENT
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS 600 13TH STREET NW SUITE 500 WASHINGTON, DC 20005	58-2176067	501(C)(6)	6,684				CONTRIBUTIONS
MID-SOUTH MINORITY BUSINESS COUNCIL 185 MADISON AVENUE MEMPHIS, TN 38103	62-1198163	501(C)(6)	7,500				SPONSOR CONFERENCE AND AWARDS LUNCHEON

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ST JUDE CHILDREN'S RESEARCH HOSPITAL  
INC

Employer identification number  
62-0646012

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?	Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	TRAVEL FOR COMPANIONS. FAMILY MEMBER OF ONE FORMER OFFICER, TRAVELS ON HOSPITAL BUSINESS AS REQUIRED BY THE POSITION. TRAVEL EXPENSES ARE REIMBURSED UNDER AN ACCOUNTABLE PLAN AND NOT RECORDED AS COMPENSATION.
PART I, LINE 4A	SEVERANCE PAY IN THE AMOUNT OF \$280,700 WAS OFFERED TO THE FORMER CHIEF FINANCIAL OFFICER UNDER A SEPARATION AGREEMENT VOLUNTARILY ENTERED INTO BY THE PARTIES. THE TERMS OF THAT AGREEMENT ARE CONFIDENTIAL. ALL SEVERANCE AGREEMENTS CONTAIN, WHEN LEGALLY PERMITTED, A RELEASE OF CLAIMS.
PART I, LINE 4B	THE ORGANIZATION ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN PURSUANT TO CODE SECTION 457(F) OF THE INTERNAL REVENUE CODE. THE PLAN AMOUNTS ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. PAYMENTS WERE MADE TO THE FOLLOWING LISTED PERSONS IN PART VII UNDER THE NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING THE YEAR: WILLIAM E. EVANS - \$613,743; JAMES I. MORGAN - \$229,705.
SCHEDULE J, PART II	RICHARD C. SHADYAC, JR. SERVES AS AN EX-OFFICIO VOTING DIRECTOR OF THE BOARD OF ST. JUDE. MR. SHADYAC IS EMPLOYED AS AN OFFICER OF ALSAC, A RELATED ORGANIZATION TO ST. JUDE. THE COMPENSATION SHOWN IN COLUMNS (B), (C), (D), AND (E) WAS PAID TO MR. SHADYAC BY ALSAC FOR HIS DUTIES AS CEO OF ALSAC.

Additional Data

Software ID:

Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL  
INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1RICHARD SHADYAC JR EX-OFFICIO DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	696,250	0	2,411	59,181	-	-	0
					16,250		774,092	
1JAMES R DOWNING PRESIDENT AND CEO	(i)	867,394	50,275	78,775	119,150	17,405	1,132,999	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
2LARRY KUN EVP/CLINICAL DIRECTOR	(i)	788,631	75,275	8,534	29,150	19,905	921,495	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
3RICHARD GILBERTSON EVP/DIRECTOR CANCER CENTER	(i)	416,013	125	11,246	162,650	11,305	601,339	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
4MARY ANNA QUINN EVP/CHIEF ADMIN OFFICER	(i)	414,021	275	4,070	62,900	15,415	496,681	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
5CHARLES M ROBERTS EVP/DIRECTOR CANCER CENTER	(i)	212,248	190,150	3,886	0	5,034	411,318	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
6CARLOS RODRIGUEZ- GALINDO EVP/CHAIR	(i)	69,099	140,150	175	0	847	210,271	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
7ANDREW DAVIDOFFCHAIR	(i)	663,241	275	1,688	88,287	22,273	775,764	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
8THOMAS E MERCHANT CHAIR	(i)	663,752	15,150	1,563	90,350	28,723	799,538	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
9JAMES I MORGANCHAIR	(i)	426,138	35,150	238,239	29,150	19,905	748,582	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
10CHING-HON PUICHAIR	(i)	604,811	29,341	57,456	29,150	7,526	728,284	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
11LESLIE L ROBISONCHAIR	(i)	539,158	25,400	193,505	29,150	17,405	804,618	22,408
	(ii)	0	0	0	0	-	-	0
					0	0	0	
12MICHAEL C CANARIOS FORMER SVP/CHIEF FINANCIAL OFFICER	(i)	199,611	6,882	282,069	14,997	22,126	525,685	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
13WILLIAM E EVANS FACULTY/FORMER PRES & CEO	(i)	612,708	15,275	622,125	29,150	50,058	1,329,316	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE HEALTH EDUCATION & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBY TN	52-1283414	821697XJ3	12-21-2006	250,725,271	SEE PART VI		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired . . . . .	33,685,000									
2	Amount of bonds legally defeased . . . . .										
3	Total proceeds of issue . . . . .	252,012,996									
4	Gross proceeds in reserve funds . . . . .	207,132,006									
5	Capitalized interest from proceeds . . . . .	3,026,125									
6	Proceeds in refunding escrows . . . . .										
7	Issuance costs from proceeds . . . . .	1,658,551									
8	Credit enhancement from proceeds . . . . .										
9	Working capital expenditures from proceeds . . . . .	2,188,865									
10	Capital expenditures from proceeds . . . . .	129,840,961									
11	Other spent proceeds . . . . .	115,298,494									
12	Other unspent proceeds . . . . .										
13	Year of substantial completion . . . . .	2008									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue? . . . .		X								
15	Were the bonds issued as part of an advance refunding issue? . . . .	X									
16	Has the final allocation of proceeds been made? . . . . .	X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X									

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 060 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .	0 060 %							
7	Does the bond issue meet the private security or payment test? . . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X						
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X						
b	Exception to rebate? . . . . .		X						
c	No rebate due? . . . . .	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME THE HEALTH, EDUCATION & HOUSING FACILITY BOARD OF THE COUNTY O DATE THE REBATE COMPUTATION WAS PERFORMED 12/21/2011

Return Reference	Explanation
PART I, COLUMN (F)	\$130 7 MILLION FOR CONSTRUCTION OF INTEGRATED FACILITY, \$120 MILLION TO ADVANCE REFUND 1999 SERIES ISSUE DATE ISSUED 07/22/1999

Return Reference	Explanation
PART II, LINE 3	TOTAL PROCEEDS OF ISSUE INCLUDE INVESTMENT EARNINGS IN THE AMOUNT OF \$1,287,725 PART II, LINE 4 THE AMOUNT SHOWN HERE CONSISTS SOLELY OF DEBT SERVICE FUND DEPOSITS THE BONDS WERE REDEEMED IN FULL WITH CASH ON JULY 1, 2016 THE REDEMPTION TRANSACTION DID NOT CONSTITUTE A LEGAL DEFEASANCE



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARY RELLING	SEE PART V	488,470	EMPLOYMENT		No
(2) SUSANNA DOWNING	SEE PART V	56,806	EMPLOYMENT		No
(3) JULIE GATTAS	SEE PART V	52,304	EMPLOYMENT		No
(4) DIANE ROBERTS	SEE PART V	113,619	EMPLOYMENT		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON MARY RELLING(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF FORMER OFFICER (PRESIDENT AND CEO), WILLIAM E EVANS (C) AMOUNT OF TRANSACTION \$488,470(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF INTERESTED PERSON SUSANNA DOWNING(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF PRESIDENT AND CEO, JAMES R DOWNING (C) AMOUNT OF TRANSACTION \$56,806(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF INTERESTED PERSON JULIE GATTAS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF DIRECTOR, FRED P GATTAS, JR (C) AMOUNT OF TRANSACTION \$52,304(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF INTERESTED PERSON DIANE ROBERTS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF OFFICER, CHARLES M ROBERTS (C) AMOUNT OF TRANSACTION \$113,619(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE O**  
**(Form 990 or**  
**990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
ST JUDE CHILDREN'S RESEARCH HOSPITAL  
INC**Employer identification number**

62-0646012

**Return  
Reference****Explanation**FORM 990, PART  
VI, SECTION A,  
LINE 2FAMILY RELATIONSHIP AMONG DIRECTORS JOSEPH S AYOUB, JR , ESQ AND PAUL AYOUB, ESQ , FRED P GATTAS,  
III, PHARM D AND FRED P GATTAS, JR., GEORGE A SIMON, II AND PAUL J SIMON, TERRE THOMAS AND TONY  
THOMAS, ROBERT A BREIT, MD AND JOSEPH G SHAKER, JOSEPH C SHAKER AND JOSPEH G SHAKER, PAUL J  
SIMON AND MICHAEL SIMON

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE ROLE OF CHIEF FINANCIAL OFFICER WAS PERFORMED ON AN INTERIM BASIS BY STEPHEN PICKETT OF WARBIRD CONSULTING (7/1/2015 - 2/1/2016)

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	IN FEBRUARY OF EACH YEAR, THE AUDIT COMMITTEE AND OFFICERS OF THE BOARD ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES THE AUDIT COMMITTEE MEETS WITH ITS TAX PREPARER TO REVIEW THE DRAFT FORM 990 BEFORE IT IS FILED WITH THE IRS ADDITIONALLY THE COMPENSATION COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE COMPENSATION SECTIONS OF THE FORM 990 FOR REVIEW BEFORE IT IS FILED WITH THE IRS EACH VOTING MEMBER OF THE BOARD IS PROVIDED WITH A FINAL COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES BEFORE IT IS FILED WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>NEW BOARD MEMBERS ARE GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY , COMPLETE THE ORGANIZATION'S CONFLICT OF INTEREST DISCLOSURE FORM AND RECEIVE TRAINING ON CONFLICTS OF INTEREST THERE IS A CONFLICT OF INTEREST COMMITTEE OF THE BOARD THAT REVIEWS THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS THAT ARE COMPLETED BY EACH BOARD MEMBER AND DISCUSSES AND RESOLVES CONFLICTS OF INTEREST WITH APPEAL TO THE FULL BOARD IN ADDITION TO THE CONFLICT OF INTEREST COMMITTEE, THE ORGANIZATION HAS A COMPLIANCE OFFICER ALL EMPLOYEES IN CLINICAL, RESEARCH, AND SELECT ADMINISTRATIVE DEPARTMENTS, AND EMPLOYEES IDENTIFIED AS SUPERVISORS AND/OR HAVING PURCHASING AUTHORITY , COMPLETE CONFLICT OF INTEREST TRAINING AND A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY THE COMPLIANCE OFFICE ENSURES EMPLOYEES MEET THESE REQUIREMENTS AND REVIEWS SUBMITTED DISCLOSURES DISCLOSURES IDENTIFIED AS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE ADDRESSED BY THE COMPLIANCE OFFICE WITH INVOLVEMENT BY THE INSTITUTIONAL CONFLICT OF INTEREST COMMITTEE AS APPROPRIATE DEPENDING UPON THE FACTS AND CIRCUMSTANCES OF THE CONFLICT, THE ACTIVITY MAY BE MANAGED ACCORDING TO A MANAGEMENT PLAN OR PROHIBITED</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE BOARD'S COMPENSATION COMMITTEE COMMISSIONS ANNUAL THIRD PARTY SALARY SURVEYS TO DETERMINE COMPENSATION FOR THE FOLLOWING OFFICERS CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, SCIENTIFIC DIRECTOR, CANCER CENTER DIRECTOR, CLINICAL DIRECTOR, CHIEF ADMINISTRATIVE OFFICER, CHIEF GOVERNANCE OFFICER/CORPORATE SECRETARY AND CHIEF LEGAL OFFICER IN ADDITION, FOUR EMPLOYEES ARE CONSIDERED "DISQUALIFIED" BECAUSE THEY ARE FORMER EXECUTIVES OR RELATIVES OF CURRENT OR FORMER EXECUTIVES, AND THEIR COMPENSATION THEREFORE FALLS UNDER THE PURVIEW OF THE COMPENSATION COMMITTEE ALL CHANGES TO OFFICERS' SALARY ARE APPROVED BY THE COMPENSATION COMMITTEE AND REPORTED TO THE BOARD THE LAST REVIEW WAS COMPLETED IN 2016</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE ONLY AS REQUIRED BY APPLICABLE STATE LAW

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS ALSAC -25,194,540 CHNCHANGE IN INTEREST IN NET ASSETS OF ALSAC -2,362,906

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST JUDE CHILDREN'S RESEARCH HOSPITAL  
INC

Employer identification number  
  
62-0646012

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHILDREN'S GMP LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 47-4475625	VACCINE MANUFACTURER	TN	-3,022,695	881,474	ST JUDE CHILDREN'S RESEARCH HOSPITAL INC
(2) THANKS & GIVING LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 20-1310435	ROYALTY INCOME FROM RECORD SALES	TN	0	10,632	ST JUDE CHILDREN'S RESEARCH HOSPITAL INC
(3) THE RIGHT WORDS LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 95-4878579	ROYALTY INCOME FROM BOOK SALES	NY	0	0	ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC 501 ST JUDE PLACE  MEMPHIS, TN 38105 35-1044585	SOLICIT SUPPORT FOR THE OPERATION OF ST JUDE	IL	501(C)(3)	7	N/A		No

**Part III**

**Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV**

**Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity . . . . .

b

Gift, grant, or capital contribution to related organization(s) . . . . .

c

Gift, grant, or capital contribution from related organization(s) . . . . .

d

Loans or loan guarantees to or for related organization(s) . . . . .

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k

Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l

Performance of services or membership or fundraising solicitations for related organization(s)  
. . . . .

m

Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

Other transfer of cash or property to related organization(s) . . . . .

s

Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2015

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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